

PORTABLE ELECTRONICS INSURANCE CLAIM FORM
The issue of this form does not constitute admission of liability.

Please keep in mind:

- i. Inform Company of the loss without any delay, keeping in mind the timelines specified in the Policy.
- ii. Please do not delay dispatch of this form for unavailable information, which can be sent later.
- iii. If space is not sufficient in any of the column, please attach separate sheet (s).

Claim No.: _____

Policy No.: _____

Cover Period: From: _____ **To:** _____

1. Name and Address of the Insured Person: _____

2. Email ID: _____

3. Contact Number: _____

4. Description of property damaged: _____

5. Identification No/Serial Number/IMEI Number: _____

6. Location of the property: _____

7. Sum Insured: _____

8. When did the loss or damage occur?: _____

9. Narrate circumstances of loss: _____

10. Was the equipment in use? By whom: _____

11. Date of intimation to Insurer: _____

12. State whether the item damaged was under any guarantee from Supplier/Manufacturer/Repairer: _____

If so, the nature of Guarantee and the period: _____

13. Did the equipment(s) sustain any damage in any previous accident? If so, details: _____

14. Have the repairs been put in hand? If so give name and address of repairs: _____

15. Indicate the estimated repairs charges and the repairs time: _____

16. State salvage value of the damaged item: _____

17. Are there any other insurance, affected by you or any other person(s) covering the loss sustained or any part thereof? If so, give details: _____

18. In the event of loss caused by Burglary and/or Theft, which police station has been notified?: _____

19. First Information Report (FIR) Number: _____

20. First Information Report (FIR) Date:

D	D	M	M	Y	Y	Y	Y
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21. Any other particulars relevant to the damages: _____

SMART HOME ALL RISK POLICY

UIN: IRDAN108RP0002V01202425



WITH YOU ALWAYS

Disclaimer:

The Company reserves the right to call for any other additional information as may be deemed necessary to establish the cause, admissibility and extent of loss.

Declaration by Insured:

1. I/We hereby declare that the above questions have been conscientiously and faithfully answered and I/we would be liable for the correctness and completeness of the statement.
2. I/We undertake that if any of the information given here, or in any statements made in future, is found to be false, fraudulent or if there is any misrepresentation or concealment of facts, the policy shall be void and all rights to past and present losses shall be forfeited.
3. I/We authorize the insurance company, or any of its authorized representatives to collect, as are relevant to verify the facts of the loss, information/ documents including but not limited to certified copies of police report, statements of witnesses, medical records, suits filed, bank/ card statement, charge slips, card application form etc. this purpose.

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Signature & Seal

Smart Home All Risk Policy UIN: IRDAN108RP0002V01202425