

### ASSURE WARRANTY- CLAIM FORM

**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY**

If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

Policy to. \_\_\_\_\_

Claim to. \_\_\_\_\_

#### A. INSURED

Name	_____		
Address line 1	_____	City	_____
		Pin Code	_____
Address line 2	_____		
Phone to.	_____	Mobile No.	_____
Business/Occupation	_____	Period of Insurance From	____/____/____ To ____/____/____
Limits of Indemnity under the Policy	_____		

#### B. DETAILS OF LOSS

Date of Loss	____/____/____	Time	__:__	AM / PM
<b>LOSS LOCATION</b>				
Address line 1	_____			
Address line 2	_____			
City	_____	State	_____	Pin Code
Phone No.	_____	Mobile No.	_____	Email
Describe cause of Loss/Damage	_____			
Estimated Loss (Rs.)	_____			

WITNESS DETAILS		INFORMATION TO AUTHORITY	
Is any witness available for accident / loss	Yes No	Have any authority/ been informed about Accident / Loss? If "Yes", specify /	Yes No
If "Yes", specify/		Name of the Authority/	_____
Name of the witness	_____	Contact Person	_____
Address line 1	_____	Authority/ reference no.	_____
Address line 2	_____	Address line 1	_____
City	_____	Address line 2	_____
State	_____	City	_____
Pin Code	_____	State	_____
Phone to.	_____	Pin Code	_____
Mobile to.	_____	Phone to.	_____
Email	_____	Mobile No.	_____
		Email	_____

#### C. DETAILS OF OTHER INSURANCE

Is the Loss/damage covered under any other Insurance? If "Yes", specify details and attach copy of policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Insurer	_____
Address line 1	_____
Address line 2	_____
City	_____
State	_____
Pin Code	_____
Mobile to.	_____
Landline No.	_____
Email	_____
Period of Insurance From	____/____/____ To ____/____/____
Amount of Insurance	_____

**This is an Internal document.**

**D. DETAILS OF OTHER INTEREST**

Is the insured sole owner of the property? If "No", specify/ details  Yes  No

Nature of Insured interest \_\_\_\_\_

Person/s who has interest on property \_\_\_\_\_

His nature of interest \_\_\_\_\_

Address line 1 \_\_\_\_\_ Address line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Phone to. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

**E. DETAILS OF ITEMS AFFECTED**

SL. No.	DESCRIPTION OF EQUIPMENT	MAKER NAME	YEAR OF MAKE	SL.NO./ MACHINE NO.	SUM INSURED RS.	DATE OF LAST MAINTENANCE	EXPIRY OF AMC/ WARRANTY	COST OF REPAIRS REPLACEMENT

Has the affected equipment undergone any repairs previously?  Yes  No

If "Yes", the nature of such repairs

Date of repair	Nature of repair	Parts affected	Cost of repair

**F. DETAILS OF REPAIR**

Is the repair being carried out In-house?  Yes  No

If "Yes", specify submit job-Work Estimates along with Pro-forma Invoices of Spare Parts to be replaced

If "No", specify/ following details

Name of the Repairer \_\_\_\_\_

Name of the Contact person \_\_\_\_\_

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Phone to. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

**G. DETAILS OF PREVIOUS LOSSES**

Claims lodged during the preceding 3 years  Yes  No

Claim Year	Claim Description	Amount Rs.

**This is an Internal document.**

**H. DETAILS OF OTHER INFORMATION**

Do you wish to provide any other information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", specify/ _____	
_____	
_____	
_____	

**Declaration**

1. I/We agree to provide additional information to the Company if required. I/We are the above insured, and I/We guarantee the truthfulness of the above statement in every respect, to the best of my/our knowledge and belief, and if I/We have made any false or fraudulent statement, or have suppressed or concealed any material facts, the policy will be cancelled and all rights in respect of past or future claims will be reserved.
2. I/We understand that the Company reserves the right to verify & obtain my identity, address, facts and documents relating to the policy and claim with rating agencies, third parties or service providers.
3. I/We have read and understood the privacy policy of the Company at [www.universalsompo.com](http://www.universalsompo.com) and I/We unconditionally agree and bind myself/ourselves to all the terms and conditions of your privacy policy as amended from time to time.
4. I/We have received a list of documents with this claim form and have understood all the requirements to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above.
5. I/We declare that the details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Except as disclosed in this claim form, no claim for the same or similar loss has been made or lodged with any other insurance company.
6. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof/ bank details as well as the identity/address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place:

Date:

Signature of Insured

Toll free: 1-800-12-4030. Helpline: 012-26748600.  
Email: [contactclaims@universalsompo.com](mailto:contactclaims@universalsompo.com)