

DEVICE CARE- EXTENDED 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	_____	Cir _____	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	
LOSS LOCATION			
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
If "Yes", specify/			Accident / Loss? If "Yes", specify /
Name of the witness	_____		Name of the Authority/
Address line 1	_____		Contact Person
Address line 2	_____		Authority/ reference no.
City	_____		Address line 1
State	_____		Address line 2
Pin Code	_____		City _____ State _____
Phone to.	_____		Pin Code _____
Mobile to.	_____		Phone to. _____ Mobile No. _____
Email	_____		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 I _____ 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 I _____

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/	
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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 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