



UNITED INDIA INSURANCE CO. LTD.
REGD & HEAD OFFICE: 24, WHITES ROAD CHENNAI

Notification of Loss or Damage for
Electronic Equipment Insurance

Policy No.
Claim No.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

1. Name and Address
of Insured

Location of the object

Period

2. When did the loss or damage occur ? Time : Date :

When was notice first given to the Insurer?

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3. Are there any witnesses ? o Yes o No

If so, please give names,
Professions and addresses.

4. Which item was damaged?

Item No. in Specification
of Policy Schedule

Sum insured

Name of manufacturer,
type of machine

Year of manufacture, serial
number
(Please give full details as
on manufacturer's plate).

Description of damaged
Item (capacity, r.p.m.,
Weight, etc.)

5. Are the damaged items also insured with another company? If so, with whom?

Scope of cover

If more than one scheduled items affected, please complete one form per item.

7. How did the damage occur and what was the probable cause ?

Please attach sketches,
photos, etc.

Where damage to EDP
systems is involved, please
furnish a loss report drawn
up by the maintenance firm
or supplier

8. In the event of damage to tubes or valves for X-ray equipment. Age in months
- Previous usage (No. of shots)
- Hours of operation (for depth therapy)
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9. In the event of losses Which police station did you notify of the incident?

caused by burglary, theft,
fire, traffic, accidents.

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10. In the event of damage to radio equipment: Serial No. of damaged equipment
Licence No(s). of the other vehicle(s) involved in the accident
File reference used by Public Prosecutor's Office
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11. In the event of damage to traffic signals: Name and full address of the persons who caused the accident
Licence No(s). of the car(s) involved in the accident
Third Party Liability Insurer of the person(s) who caused the accident
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12. How will the damaged items be repaired, by whom and where?
Please indicate estimated Repair period.
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13. What are the estimated repair costs?
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14. In the event of third parties having caused the loss
Who was to blame for the loss?
(please give the full address of witnesses).
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15. Who is authorized to receive the indemnity?
Bank Account No.
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Please enclose copy(copies) of repair estimate(s), which should show a breakdown into material costs, labour charges - including man-hours worked - and freight charges.

The undersigned policy-holder declares to have answered the above questions conscientiously and truthfully and are liable and fully responsible for the correctness and completeness of his statement.

Signature

Date