

**Electronic Equipment Claim Form**

Claim No. \_\_\_\_\_

*All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.*

*The issue or acceptance of this form is not to be construed as an admission of liability by MHDI.*

*Do not dispose or destroy damaged parts/machinery without consent of surveyor/MHDI.*

**A. The Insured**

Risk Code (For office use)

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel No. Office \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Contact name \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

**B. Policy Details**

Policy No. \_\_\_\_\_ Period of Insurance \_\_\_\_\_ to \_\_\_\_\_

**C. Equipment Details**

Location of damaged machine \_\_\_\_\_

Description of damaged machine \_\_\_\_\_

Make \_\_\_\_\_ Type \_\_\_\_\_ Model \_\_\_\_\_

Serial No. \_\_\_\_\_ Year of Manufacture \_\_\_\_\_

Item No. as per Policy \_\_\_\_\_

Whether covered under guarantee from supplier/manufacture

Yes  No

If yes, is the manufacturer/supplier going to repair/replace the damaged machine

Yes  No

Whether covered under maintenance agreement at the time of loss

Yes  No

If yes, is the damage repair/replacement covered under the agreement

Yes  No

#### D. Loss Details

Date of loss \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of loss \_\_\_\_am/pm  
Estimate of cost of damage (please attach repairers estimate) Rs. \_\_\_\_  
Salvage value of damaged items Rs. \_\_\_\_  
Was any software lost or damaged Yes  No   
If yes, what was it \_\_\_\_  
What caused the damage \_\_\_\_  
What is the replacement cost Rs. \_\_\_\_  
Was any data lost Yes  No   
If yes, what was the nature of the data \_\_\_\_  
What caused the data loss \_\_\_\_  
What is the replacement cost Rs. \_\_\_\_  
Is there a back-up data/disk Yes  No   
If yes, is the same usable. If not, why not \_\_\_\_

#### If increased cost of working or business interruption is insured

What time did the equipment fail \_\_\_\_am/pm  
Which departments are affected by the stoppage \_\_\_\_  
What is approximate daily turnover Rs. \_\_\_\_  
What is being purchased with the increased cost \_\_\_\_  
When is repairs/replacement of the damaged machine expected to be completed  
\_\_\_\_/\_\_\_\_/\_\_\_\_

#### E. Details of other insurances

Provide details of other insurances, if any, covering the incident/damage or items

\_\_\_\_\_

#### F. Details of previous losses, if any \_\_\_\_\_

#### H. Steps taken to prevent future recurrence

\_\_\_\_\_

## Declaration

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured: \_\_\_\_\_

Date: \_\_\_\_\_

Company's stamp