

CLAIM FORM
THE ORIENTAL INSURANCE COMPANY LIMITED

LAPTOP INSURANCE– ACCIDENTAL DAMAGE OR THEFT

NAME OF THE OWNER/ INSURED PERSON:

EMAIL ID:

ADDRESS:

CONTACT NO:

BRAND / MODEL:

DATE OF PURCHASE:

PURCHASE PRICE:

IMEI NO./ SERIAL NO. :

INVOICE NO. :

DEALERS NAME AND LOCATION:

DATE TIME AND PLACE OF INCIDENT:

SLLF WRITTEN – DETAIL DESCRIPTON OF THE COMPLETE INCIDENT IN SEPARATE SHEET OF PAPER ADDRESSED TO THE INSURANCE COMPANY:

AMOUNT CLAIMED (Rs/-):

I/we the above named, do hereby warrant the truth of foregoing statement in every respect to the best of my knowledge and belief and confirm that all the statements, representation, , documents and information provided to the Insurer/ Administrator in any manner whatsoever is/are not fault or incorrect. Further, if at any stage it is found that any claimed made be fraudulent in any respect, or if any fraudulent means or device is used by me/us to obtain any benefit hereunder; all benefits under this insurance available to me/us shall be forfeited by the Insurer.

DATE

SIGNATURE OF THE OWNER/ INSURED PERSON

PLACE

NAME OF THE OWNER/ INSURED PERSON

DESCRIPTION LETTER OF THE INCIDENT

Date :

To

The Oriental Insurance Company

Sub – Description of the Incident for the product bearing IMEI No/ Serial No

Dear Sir/ Madam

This is to inform you that I Mr/ Ms. _____ Resident of _____ would like to report damage / theft of my product on dt : _____ time : _____ Place of incident : _____

The description is as follows: - (During the description please mention where the product was kept)

Regards

(Insured Name and Signature along with Contact address)



दी ओरिएंटल इन्शुरेंस कंपनी लि. (भारत सरकार का उपक्रम)

THE ORIENTAL INSURANCE CO. LTD.

Divisional Office No.1: PUNE 411 030.

CIN : U66010DL1947GOI007158

GST No. 27AAACT0627R4ZW

ACCIDENT DEPARTMENT

POLICY NO. _____

CLAIM NO. _____

Received from THE ORIENTAL INSURANCE CO. LTD the sum of Rupees _____ in full payment of our GST Invoice No. _____ dated _____ for repair work done to Electronic Portable Equipment _____ bearing Identification / IMEI / Sr No. _____ belonging to the hereunder countersigned whose Satisfaction Voucher duly signed is also appended.

Rs. _____

Revenue
Stamp
Re. 1

Insured Person /
Owner's Countersignature _____

Repairer's Stamp and Signature

I hereby acknowledge having received from (Name of Authorized Service Center) _____ my Portable Electronic Equipment _____ bearing Identification / IMEI / Sr No . _____ which has been repaired to my satisfaction and I admit that the payment of Rs. _____ made by THE ORIENTAL INSURANCE CO. LTD for such repairs is in the full discharge of my Claim upon said Company under its Policy No. _____ in respect of the damaged caused to the said Portable Electronic Equipment in an accident that occurred on or about _____ (Date of Accident).

Date : _____

Place : _____

Name of Owner
/ Insured Person _____

Signature of Owner
/ Insured Person _____