

Karachi Lahore Islamabad Faisalabad Multan Sialkot Gujranwala Peshawar

IGI GENERAL INSURANCE LIMITED
ELECTRONIC EQUIPMENT INSURANCE
CLAIM FORM

This form should be completed and returned to the Company immediately
(The Company does not admit liability be the issue of this form)

Claim No. _____

Policy 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	
Leading Insurer	
Period	Last premium payment
2. When did the loss or damage occur? When was notice first given to the Insurer	Time: _____ Date: _____ To whom? _____ By whom? _____
3. Are there an witnesses? If so, please give name, professions and addresses.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. _____ _____ _____ _____
4. Name and address of surveyor	
5. 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)	_____
6. Are the damaged items also insured with another company?	
If so, with which?	
Scope of cove	

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	<div></div> <div></div> <div></div> <div></div> <div></div>
8. In the event of damage to tubes or valves for X-ray equipment:	<div>Age in months</div> <div></div> <div>Previous usage (No. of shots)</div> <div></div> <div>Previous usage operation (for depth therapy(</div> <div></div>
9. In the event of losses caused by burglary, theft, fire, traffic accidents:	<div></div> <div></div> <div>File reference used ny Public Prosecutor's Office</div> <div></div>
10. In the event of damage to radio equipment:	<div>Serial No. of damaged equipment</div> <div></div> <div>Licence No(s). of the other vehicle(s) involved in the accident</div> <div></div> <div>File reference used by Public Prosecutor's Office</div> <div></div>
11. In the event of damage to traffic signals:	<div>Name and full address of the person who caused the accident</div> <div></div> <div>Licence No(s). of the car(s) involved in the accident</div> <div></div> <div>Third Party Liability Insurer of the person(s)who caused the accident</div> <div></div>
12. How will the damaged items be repaired, by whom and where? Please indicate estimated repair period.	<div></div> <div></div> <div></div>
13. What are the estimated repair costs?	
14. In the event of third parties having caused the loss:	<div>Who to blame for the loss? (If possible, please give the full address of witnesses)</div> <div></div> <div></div>
14. Who is authrized to receive the indemnjty?	<div>Bank</div> <div></div> <div>Account No.</div> <div></div>
<div>Plese enclose copy (ccpies) of repair estimate(s), which should show a breakdown into material costs, labour charges - including man - hours wored - and freight charges.</div> <div>The undersigned Insured declares that he has answered the above questions conscientiously and truthfully.</div> <div>ssued at<div>this<div>day of</div></div></div>	

Signature