

ALL RISK POLICY CLAIM FORM

1. Please answer all questions in BLOCK letters.
2. Acceptance of claim form does not guarantee payment of claim amount.

Details

1. Proposer / Claimant

Name _____

2. Address _____

Pin Code: _____

3. Contact Number: _____ 4. Email Id _____ @ _____

4. Alternate Contact Number : _____ Email ID (Alternate) _____

5. Gender Male / Female / Others 6. Date of Birth ___/___/_____ 7. Occupation: _____

Description of Items Insured

| S. No. | Policy No. | Invoice No. | Invoice Date | Asset Category (laptop/ Mobile) Description with IMEI Number | No. of Items | Name of Manufacturer | Model Name | Sum Insured |
|--------|------------|-------------|--------------|--|--------------|----------------------|------------|-------------|
| | | | | | | | | |

- (i) Date and time of loss: _____
- (ii) Place of occurrence: _____
- (iii) Has the Sim-Card been de-activated? When? (Theft Claims only) _____
- (iv) When did you inform the police authorities of the theft and at which station? Give Case Registration Number _____
- (v) Brief details of the occurrence of loss and damages sustained (You can use the space below the form for additional information)

(vi) Documents required to be Submitted –

1. Claim form as above.
2. Original Bills/Invoice for purchase of the Hand-set. [in case of total loss/theft]
3. Police acknowledgment/receipt mentioning the IMEI Number, Mobile number and complete narration of the incident. For Insured Equipment above 15,000/- FIR Copy duly signed and stamped [in case of theft]
4. Confirmation of Sim-Card Deactivation. [in case of theft]
5. Original Accessories such as Charger, Headset etc to be kept ready for submission to the Insurer on settlement of claim. (In case of total loss claims)
6. ID proof of policy holder / claimant
7. Letter from authorized company, in case of company purchase the handset and used by an employee.

Declaration

I / We declare that the foregoing particulars, are true and correct to the best of my / our knowledge.

Date: ___/___/_____

Place: _____

Signature of the claimant

(Following space can be use for any additional information, if claimant / policy holder needs to share the same)

Signature of the claimant

For claim guidance or assistance and claim related issues, beneficiary can contact either Insurer or Administrator.

- By calling helpline (022-28717171)
- By sending SMS to 52040 with format ('BAAR <registered mobile no>'). You will receive call back within 24 working hours
- By sending email to BAAR@general.bajajallianz.co.in
- Or visiting web page www.BAAR.in