



## UNITED INDIA INSURANCE COMPANY LIMITED

Head Office: 24, WHITES ROAD, CHENNAI - 600014

**Notification of Loss or Damage for Policy No.**

**Electronic Equipment Insurance Claim No.**

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

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1. Name and Address  
of Insured

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Location of the object

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Leading Insurer

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Period

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Last Premium Payment

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2. When did the loss or  
damage occur ?

Time :

Date :

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When was notice first given  
to the Insurer?

To whom ?

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By whom ?

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3. Are there any witnesses ?  Yes

No

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If so, please give names,  
Professions and addresses.

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1. Name and address of surveyor

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5. Which item was damaged ?<sup>1</sup>

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.)

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6. Are the damaged items also insured with another company? If so, with which?

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Scope of cover

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item.

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

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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 \_\_\_\_\_  
\_\_\_\_\_

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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 caused by burglary, theft, fire, traffic, accidents. Which police station did you notify of the incident? \_\_\_\_\_  
\_\_\_\_\_

File reference used by Public Prosecutor's Office \_\_\_\_\_

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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 accident traffic signals: Name and full address of the persons who caused the \_\_\_\_\_  
\_\_\_\_\_

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?<sup>2</sup> \_\_\_\_\_

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14. In the event of third parties Who was to blame for the loss? (If possible, please give the full address of witnesses).

having caused the loss: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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15. Who is authorized to receive the indemnity? Bank \_\_\_\_\_

Account No. \_\_\_\_\_

<sup>2</sup> 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 insured declares that he has answered the above questions conscientiously and truthfully.

Issued at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

Signature