



**The New India Assurance
Company Limited**

CLAIM TYPE

Fire Accidental damage/Liquid damage to handset: total/partial

Name Of Subscriber _____

Name Of User At The Time Of Loss And His/Her Relation With Subscriber _____

Place Of Loss (Please Provide Exact Location Of Loss) City Of Loss,Address Of Loss _____

Date Of Loss _____ **Time Of Loss** _____ **IMEI/Serial No.** _____

DETAIL DESCRIPTION OF LOSS

I/We declare that the foregoing statements are true to the best of my/our knowledge & believe and that the articles/property described here in above were damaged/lost, liability incurred under the circumstances described above and that such articles/property belong to the persons named, and no other person is having any interest therein whether as owner/mortgagee/trustee or otherwise. I/We further declare that if I/we have made, or in any further declaration that the Company may require in respect of the said accident, shall make any false or fraudulent statement and/or suppress and/or conceal any vital information, my/our claim shall absolutely be forfeited and the policy in question shall become null and void.

Date _____ Place _____

Note: The Company Reserves Rights For Call If Additional Information Required. • Signature of the insured/claimant

Repair Estimate Amount: _____ Stamp And Signature Of YMS Mobitech Pvt Ltd.

**Consent To Make Payment Directly
To YMS Mobitech Pvt. Ltd.**

I _____ (name of beneficiary), hereby give consent to the New India Assurance Company Ltd. to settle the claim with YMS Mobitech Pvt. Ltd. **Signature of beneficiary**

DISCHARGE VOUCHER

Claim No. _____ Insured _____
Policy No. _____ Date Of Loss _____

In consideration of approval of our claim I/WE hereby accept from the New India Assurance Company Limited(hereinafter called the Company) the sum of Rs. _____ (Rupees Only) (Approved Net Claim amount) toward full and final settlement of Total/Partial loss claims in respect of Gadget, **Make** _____, **Model** _____, **IMEI No.** _____

- I/we were provided with following options for the above mentioned handset/ gadget and we have voluntarily chosen following options at our sole discretion:
- 1) Repair
 - 2) Receipt of payment/credit note of the invoice Value less Depreciation less salvage.
 - 3) Replacement with refurbished handset/gadget with equivalent type/ configuration as available in marketplace.
 - 4) Replacement with new handset with equivalent and /or better type/configuration, with the differential amount being paid from my/ our side.

I/we also agree that the said refurbished phone option (3) if availed by us, then the insurance cover will immediately cease there upon and no further claim entitlement will be allowed. I/we hereby voluntarily give discharge receipt to the company in full and final settlement of all our claims present or future arising directly/indirectly in respect of the said loss/accident. I/We hereby also subrogate all our rights and remedies to the company in respect of the above loss/damages.

₹ _____

Signature Of Beneficiary _____ Bank Name & Branch _____
Address _____ Address _____
Account No. _____ Telephone No. _____
IFSC Code _____



one rupee revenue stamp when claim amount exceed 5000/-

Witness Name _____ Signature _____ Address _____ Contact Tel No. _____

To Be Filled By Policy Holder When The Claimed Amount Is Received By Policy Holder.

We Hereby Acknowledged The Receipt Of INR _____ (Rupees _____) Against The Claim No. _____

Signature Of Policy Holder With Seal.