

The New India Assurance Company Limited

THEFT/BURGLARY CLAIM FORM

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	N OF LOSS (Please Furnish Comple	ete Detailed Description Of How The Hand	dset Was Lost)
I/We declare that	the foregoing statements are true to th	he best of my/our knowledge & believe ar	nd that the articles/property described here in ab	bove were damaged/lost, liability incurred under
			and no other person is having any interest therei	
		•	npany may require in respect of the said accident nd the policy in question shall become null and v	•
Date	Place	,		
		Additional Details/Informations If So I	Diuad	C:
			vequireu.	Signature of the insured/claimant
Consent To Mak YMS Mobitech I	Te Payment Directly To	(name of benefi rance Company Ltd. to settle the cl	iciary),hereby give consent to the New Inc laim with YMS Mobitect Pvt Ltd.	
TIMS MUDICELLI	PVI. Ltd.			Signature of beneficiary
		DISCHARGE	VOUCHER	
Claim No.		Insu		
Policy No.			te Of Loss	
		ccept from the New India Assurance Com and final settlement of Total/Partial loss of	pany Limited(hereinafter called the Company) the claims in respect of Gadget, Make	e sum of Rs. , Model
,IMEI No				
	ed with following options for the above me ayment/credit note of the invoice Value les		tarily chosen following options at our sole discretion:	
2) Replacement	t with refurbished handset/gadget with eq	uivalent type/ configuration as available in m		
		or better type/configuration, with the different availed by us, then the insurance cover will in	tial amount being paid from my/ our side. mmediately cease thereupon and no further claim enti	itlement will be allowed.
	ntarily give discharge receipt to the compar		present or future arising directly/indirectly in respect	of the said loss/accident. I/We hereby also
Subrogate all our i	ignts and remedies to the company in resp	Dect of the above loss/damages.		
•				
Signature Of Be	neficiary	Bank Name & Branch		
Address				
Account No. IFSC Code		Telephone No.		one rupee revenue stamp when claim amount exceed 5000/-
Witness Name	Signature	e Address	Contact Tel No	
To Be Filled By				
	Policy Holder When The Claimed Amo	ount is recieved by Policy Holder.		
We Hereby Acl	Rollicy Holder When The Claimed Amo	, , ,)Against The Claim No.	