



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Issuing Office

CLAIM FORM FOR TELEVISION/VCR/VCP INSURANCE

Claim No. _____

Policy No. _____

This form is issued without admission of liability and must be completed and returned to the Company immediately.

1. Name and address			
2. a) Particular of the set	Television	VCR	VCP
b) Cost Price			
c) Date of Manufacture			
d) Date of Purchase			
3. Date of loss or damage		The purpose for which the set was being used	
		Private: Commercial	

4. Address at which loss or damage occurred:

5. a) Cause of loss or damage (in detail):

b) I. If by Theft

i) Time of Day:

ii) How committed:

iii) By whom discovered and when:

iv) Have police been notified, if so when:

v) Give address of Police Station

II. If the aerial or installation is damaged:

i) Date and time when it happened

ii) By whom discovered and when:

iii) Has any estimate been obtained for repairs/replacement(s) if so, from whom? Please attach estimate.

III. If by Fire

i) date and time when it happened:

ii) by whom noticed and when:

iii) how did the fire start?

iv) Has estimate for repairs been obtained? If so, please attach estimate

v)

6. Are you insured against the present loss under any other policy?

I/we hereby declare that the foregoing statements are true to the best of my/our knowledge and belief, and that such property belongs to the undersigned and no other person is having any interest herein whether as owner, Mortgagee Trustee or otherwise

Insured Signature