The New India Assurance Company Limited

FORM 1A

MOBILE HANDSET INSURANCE CLAIM FORM: GADGETWOOD

Please note that the issue of this claim form is not to be taken as an admission of liability

Note: All details are mandatory and have to be filled. Please do *not* leave any field blank.

	DETAILS OF INSURED
1	**INTIMATION NUMBER*: AD_ _**
2	**Name of the Retailer*:**
3	**Name of the Customer*:** **Address *:** **Pin code*:**
4	**DATE OF BIRTH*** **Contact No*** **Email ID*:**
	DETAILS OF HANDSET
1	**Make and model of handset*:**
2	**Purchase Invoice No & Date*:**
3	**Handset IMEI No. *:** **2nd IMEI No. (If handset is dual SIM) *:**

	DETAILS OF LOSS	
1	**Date, Time & place of incident ***	
2	**Brief description of incident *** **(If the space is insufficient use a separate sheet)**	
3	**Estimated loss***	
4	**Name & Address of Police Station along with Complaint/GD/CR/FIR No. ***	
5	**Do you have any other insurance on the said Mobile Handset? If so, please furnish particulars viz, Name of Insurance Company, Policy No., Period of Insurance**	

Declaration

I/We agree to provide additional information to the company, if required. I/We the above mentioned, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or in any further declaration the company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited.

Date:
Place: Signature of insured Person

IMPORTANT: KINDLY ATTACH PROOF OF PHOTO IDENTIFICATION, DATE OF BIRTH AND A COPY OF SPECIMEN SIGNATURE PROOF.