



THE NEW INDIA ASSURANCE COMPANY LIMITED

Regd. Office: New India Building, 87, Mahatma Gandhi Road, Fort, Mumbai-400001

Extended Warranty Claim Form

Please note: - The issue of this claim form is not to be taken as an admission of liability. All columns need to be filled up in detail in all respect.

Note: (*) and (#) mark field implies mandatory fields, need to be filled in detail compulsorily or else the document shall be treated as incomplete.

In case of incomplete document/details claim will be void.

DETAILS OF THE INSURED/BENEFICIARY

*Store Name:		Store Location	
*Name of Customer/Purchaser: (please write complete name including father/ mother/ spouse name, etc as applicable)			Date of Birth: DD/MM/YYYY
*Address of Customer/Purchaser: (Note - Provide your reachable or present address on which any correspondence if required, can be sent)	*Address Line 1:		
	*Address Line 2:		*City Name:
*Pin code:		*State:	

CONTACT DETAILS OF CLAIMANT/BENEFICIARY

Landline No:	STD code		Any other relevant information:
*#Currently in use reachable 10 digit Mobile Contact no:			
Alternative contact no:			
Email Id:			
*# - Provide your currently in use reachable 10 digit Mobile contact no. which will be used for all your claim & information related communication purpose.			

HANDSET DETAILS

*Make:		*Model:	
*Purchase Invoice No:		*Purchase Date:	DD/MM/YYYY
*IMEI no (as mentioned in your INVOICE/BOX):			

CLAIM DETAILS (Please enter relevant information according to the nature of your claim)

*Date on which device got damaged:	DD/MM/YYYY	Time:	H	H	M	M	Is there any other insurance cover for this equipment, if yes then please provide entire detail:
*Type of loss:	Extended Warranty (Non Accidental damage & OEM Warranty period Expired) YES <input type="checkbox"/> NO <input type="checkbox"/>				Out of Warranty (Accidental Damage/Physical/Fluid Damage) YES <input type="checkbox"/> NO <input type="checkbox"/>		
*Detail description of problem encountered in device and its cause: (If the space is insufficient use a separate sheet & attach)							
*Estimate of loss:	INR:						
Provide Intimation number, if reported through web or call:							

SERVICE CENTRE DETAILS

*Name of Service Centre: & Location		*Whether Authorized Service Centre?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*Estimate Date:	DD/MM/YYYY	*Estimated	INR:	

CLAIM HISTORY & DECLARATION

Have you made a prior Extended Warranty claim? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, then Please provide Claim number _____
Is this device repaired from non -authorized Service Centre in Past? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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 & if I/We have made, or in any further declaration the company may require in respect of the said loss, 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 reimbursement shall be forfeited.

Date:
Place:

Signature of Insured Person/Beneficiary
Attach a copy of Photo ID - cum - signature proof



Declaration Form – Extended Warranty Claim

Date: / / 20...

From,
Mr. / Ms. _____ (Claimant Name)

Address Line 1:

Address Line 2:

Street Name:

City/District:

Pin code:

State:

To,
The New India Assurance Co. Ltd
87, M. G. Road, Fort, Mumbai – 400001

I/We Mr. / Ms. would hereby like to inform that I/We had purchased the equipment from insured Certified Retailers vide Invoice No..... Dated...../...../20..... bearing IMEI No as _____ Make & Model No. as _____ and the said equipment has been Damaged as mentioned in claim form on date/...../20....., detailed description of problem encountered in device and its cause is mentioned below

Detail description of problem encountered in device and its cause:

In connection to the aforementioned loss, I would hereby like to assign, transfer my authority to The New India Assurance Co. Ltd, 87, M.G. Road, Fort, Mumbai – 4000001 for the said equipment as I/We agree to submit the damage equipment as salvage in case the claim is approved for total loss.

I/We have read all the above mentioned information and I accept the same in totality and the same are true to the best of my/our knowledge. I/We hereby abide the terms and conditions of the policy.

Thanking you,

Name & Signature of the Claimant/Insured

Claim Document Checklist – (For EXTENDED WARRANTY CLAIMS)

Want to know about Claim Document Checklist –

Please note all the following documents need to be submitted to initiate the claim procedure with insurance company & we “Aarvi Insurance Brokers Private Limited” as service provider will assist you to put forward all your claim documents.

- 1) Claim Form.
- 2) Declaration Form for Extended Warranty
- 3) Original Purchase Invoice
- 4) Estimate to certify whether repairable or not repairable & clearly containing parts details along with labour charges and its associated cost and reason for replacement of parts.
- 5) A copy of Claimant and Purchaser, photo cum signature ID proof
- 6) In case of claimant is other than purchaser, relationship proof between claimant & purchaser
- 7) If the equipment is purchased by Company, a letter on companies’ letter head confirming authorized person/user.

Kindly fill all the details in true & correct manner with regards to your claim for hassle free claim experience and process. Submit required original documents **within 15 days** from the date of claim intimation/registration of your claim.

All original claim documents will be retained by Insurance Company & hence it is advisable to maintain a copy for your record.