Form – DC – 2 INCIDENT REPORT

To, The Manager (Claims)			
The New India Assurance Co. L	.td.		
Dear Sir/Madam,			
I/ We, Mr./Ms./M/s			nform you that I/we had
purchased a Mobile phone /	Tablet / Laptop from N	Л/s	(Name of the
Seller) bearing the following de	etails:		
	Details of HANDS	ET/ TABLET / LAPTOP	
Name of the Retailer			
Make & Model			
Purchase Invoice No.		Invoice Date	
SIM 1 IEMI No.	SIM 2 IEMI No.	Sl. No. of Laptop/ Tablet	MAC No. of Laptop
The said equipment was dama Detailed description of the Inc			
Details of the Authorised Servi	ice Centre, where the da	maged equipment is available for	
Name of the Centre	ce centre, where the da	magea equipment is available for	July Cy / mapeetion.
Contact Person			
Address of the Centre			
Contact Nos.			
Name of the Claimant			_
Contact Nos.			
Address of the Claimant			
Claim Ref. No. issued from Gizmo Help Centre			
I herby declare that all informa	ation / details furnished I	herein above are true to the best	of my knowledge.
Date:	_		
Place:	Signature of the Claimant		