

THE NEW INDIA ASSURANCE CO. LTD.

(Wholly owned by Govt. of India)

ver 3.2 09102015

Claim Form - DC

Insurance Claim Form (GIZMOHELP) for Mobile Handset / Tablet / Laptop

(For Physical Damage / Water Damage)

IMPORTANT: Please note the following carefully:

- 1. You can fill this form in English or in Hindi. Please do not fill it in any other language.
- 2. Issuance of this claim form does not amount to admission of liability under the policy on part of the Insurer.
- 3. Please give all required information correctly and completely to enable us to process your claim promptly.
- 4. Please do not leave any field unanswered. Leaving the field as blank would lead in delay of claim processing.
- 5. All photocopies have to be self attested by the insured.
- 6. All documents which were sent as scan copy initially, have to be sent in original hard copy.
- 7. Please do not send any document as photographs taken from mobile camera, the documents have to be properly scanned or photocopied.
- 8. Please send all documents completely filled and duly signed, within 15 days from the date of receipt of repaired equipment. Failing which insurer reserves the right of claim process on non-standard basis.
- 9. In case of incomplete documentation your claim will not be processed.
- 10. Kindly send the documents for porcessing of claim to the following address by courier / post:

FINANCIAL HEIGHTS

(GIZMO Help Claims Division)

607, Kirti Shikhar, District Centre, Janakpuri,

New Delhi – 110 058

11. Documents submitted by hand or in person would not be accepted.

Details of INSURED											
Gizmo	1.		Gizmo Claims	2.	Intimation	3.					
Insurance ID			Ref No.		Date						
Name of the Insured		4.									
Address of the Insured		5.									
						Pin: ^{6.}					
Contact Nos.		7.									
Email id		8.									

Details of HANDSET/ TABLET / LAPTOP												
Name of the Retailer	9.											
Make & Model	10.											
Invoice No. (Handset)	11.		Invoice D	ate (H)	12.							
Invoice No. (Gizmo)	13.		Invoice Date (G)									
SIM 1 IMEI No.	SIM 2 IMEI No.	SI. No. of Lapto	p/ Tablet	MAC No. of Laptop								
15.	16.	17.		18.								

Details of Damage / Incidence										
Date of Damage / Incidence	Time of Damage / Incidence	Place of Damage / Incidence								
19.	20.	21.								



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Detailed description of the Incidence: (if space is insufficient please use seperate sheet). You can also write in Hindi.											
22.											
		23.									
Estimate of Repair											
Do you have any other insurance on the said		24.									
Equipme	ent? If so, please furnish particulars.										
Details	of the Authorised Service Centre, who	ere the damaged equipment is available for survey / insp	ection								
Name of the Service Centre		25.									
- runic o	. the service sentire	26.									
Address of the Centre											
		27.									
Contact	Nos.										
SI.	List of documents to be attached with this Claim Form Tick (
01.	Self attested Photocopy of Bill / Ir	voice of Handset / Equipment									
02.	Self attested Photocopy of Bill / Ir	voice of GIZMO Product / Help Services									
03.	Self attested Photo ID proof of the	e Insured									
04.	Clear coloured printouts of 03 photographs of equipment showing the damages and										
	01 showing IMEI no. on the hands										
05.	Repair Quotation form Authorised Service Centre										
06.	Original Invoice of Repair from Service Centre										
07.	Original Receipt / proof of payme										
08.		entre confirming that the equipment is not									
	repairable or is beyond economic repair.										
09.	Cancelled Cheque leaf with A/c No., IFSC Code, MICR Code & Name of the A/c										

Holder printed on it.



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Bank Details of the Insured for NEFT (for reimbursement claims)																							
(Please fill in Block Letters) The Bank A/c details should be of the Insured only. Details of relatives or friends will not be accepted.																							
Name of the Insured / Account Holder (As per Bank's Records): ^{28.}																							
Traine or		lisure	24 / /	1000	arre r	TOTAL	21 (7).	э рсі	Dan		CCOI	usj.											
Bank Na	ne &	Bran	ich A	ddre	ess: ²⁹).				<u> </u>						1	<u> </u>			1			
Bank A/c No. ^{30.}																							
MICR Code ^{31.}																							
IFSC Code ^{32.}																							
To be verified in case cheque does not have printed A/c no. and / or Name of A/c Holder Signature & Stamp of Bank Official																							
Pre-Receipt Voucher (for reimbursement claims)																							
Received on this																							
				Co	nse	ent (cum	ı Sa	tisfa	actio	on l	.ett	er <i>(f</i>	or c	ash i	less (clain	ns)					
I/We, hereby accept the assessment of claim of Rs (Rupees only) by The New India Assurance Co. Ltd., towards full and final settlemet of Claim No I/ We, have paid the difference amount of Rs towards cashless settlement of the above claim. I confirm that I have taken delivery of my repaired equipment to my satisfaction from the below mentioned Service centre. I hereby authorise The New India Assurance Co. Ltd. for making the payment of Rs directly to the service Centre M/s																							
Declaration																							
I/We, hereby warrant the truth of the foregoing particulars in every respect and I/we, agree that if I/we have made or shall make any false or untrue statement, suppression or concealment of any fact, my/our right to claim reimbursement of the said expenses shall be absolutely forfeited. I/We, further declare that, in respect of the above claim, no benefits are availed or claimed under any other Insurance policy of the same equipment.																							
Date:	Date:																						
Place:									Signature of the Insured														