



THE NEW INDIA ASSURANCE COMPANY LIMITED
 Regd. Office: New India Building,
 87, Mahatma Gandhi Road, Fort,
 Mumbai-400 001

Mobile Handset/Tablet Insurance 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 inuse reachable 10 digit Mobile contact no. which will be used for all your claim & information related communication purpose.		

HANDSET DETAILS			
*Make:	NOKIA	*Model:	
*Purchase Invoice No:		*Purchase Date:	DD/MM/YYYY
Certificate/ Policy No if any :		*Certificate/Policy Date:	DD/MM/YYYY
*Handset IMEI No (as mentioned in your invoice):			

DETAILS OF LOSS					
Please enter relevant information according to the nature of your claim i.e. (Theft/Burglary/ Damage)					
*Date of Loss:	DD/MM/YYYY	Time of loss:	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> N	Is there any other insurance cover for this equipment, if yes then please provide entire detail:	
*Type of loss.	Theft/Damage (strick off whichever not applicable)				
*Brief description of incident of loss: (If the space is insufficient use a separate sheet and attach)					
*Estimate of loss:	INR:				
Provide Intimation number, if reported through web or call:					
To be filled in case of Damage claims					
*Type of Damage:	e.g. Physical Damage/Fluid Damage	*Service Centre Name:			
*Estimate Date:	DD/MM/YYYY	*Estimated Amount:	INR:		
To be filled in case of Theft claims					
*Police Station, where the matter have been reported:		*Police Reference No:			
*10 digit Mobile number used at the time of loss:					
Type of SIM tariff (Prepaid/ Postpaid connection):		*SIM Network Service Provider Name:			
Letter for barring sim services given to Network Provider (YES/NO):		If YES Please give date of submission:	DD/MM/YYYY		

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 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 – Damage Claim

Date: / / 201...

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 Mr. / Ms. would hereby like to inform that I had purchased Mobile/ Tablet (Strike off whichever not applicable) from Nokia Certified Retail Stores vide Invoice No..... Dated...../...../201..... bearing IMEI No..... Policy/Certificate No..... **Make & Model No.**

The said equipment has been Damaged on date/...../201....., detailed description of loss is as mentioned below.

Detail Description of Incidence of loss:

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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 incase 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

Claim Document Checklist Mobile Protection Plan (For Damage Claims)

Want to know about Claim Document Checklist –

It's pretty hard to remember what to do after the initial shock and surprise after losing your Equipment. If you are involved in such an incident, a checklist is to help ease your mind if you are involved in a loss, follow these tips to make sure you are prepared. Please note all the following documents need to be submitted to initiate the claim procedure with insurance company & we "UIBSPL" service provider will assist you to put forward all your claim documents.

- 1) Claim Form.
- 2) Declaration Form for Damage
- 3) Original Purchase Invoice along with MPP receipt cum Certificate & VAS Receipt
- 4) Repair Estimate.
- 5) A copy of Claimant and Purchaser, photo cum signature ID proof containing KYC detail or father's name as provided at the time of purchase.
- 6) If the equipment is purchased by Company, a letter on companies' letter head confirming authorized person/ user.
- 7) Bank Details - NEFT Form (To be provided once the claim is approved by insurance company only for equipment which cannot be repaired or compensation exceeds maximum liability of insurer under the policy, for which insurance company treats claims as Total Loss)

You may download these documents from our webpage, <http://mpp.universalinsurance.co.in>.

Kindly fill all the details in true & correct manner with regards to your claim & keep the original documents ready for the pick-up/ collection for which you shall receive schedule call from our team in the next 24 to 48 hours. Please note that your claim documents will be collected by our team only when it is complete in all manners as required by Insurance Company. If documents are incomplete do not schedule for a pick up facility. Once the claims document are collected by our logistic team, if you have any query do contact us on 022 – 4910 7910 or write us on:

mpp.support@universalinsurance.co.in

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

