

Orient Insurance Ltd (PB 4720)

Head Office 133, New Bullers Road, Colombo 04, Sri Lanka Tel (+94 11) 203 0300

ELECTRONIC EQUIPMENT CLAIM FORM

THIS CLAIM FORM IS ISSUED WITHOUT PREJUDICE TO THE LIABILITY UNDER THE POLICY

Date of issue:	
Policy No.	Claim No.
INSURED OR POLICY HOLDER	
1.Full Name :	2. Private Address
	Phone No.
3.Business or Profession	4. Business address
	Phone No.
CIRCUMSTANCES OF LOSS OR DAMAGE	
5. Nature of Loss or Damage	
6. Date Time	Place
7. State fully what happened	
8. When and by whom discovered	
	he loss or damage
POLICE	
10. Were particulars taken by or reported to the police? If yes, give name of station and event no	
11. Has any person been or may any person be charged	with any offence arising from this loss or damage?
	1 65/100
	(b)Offence ty has been lost, stolen or maliciously damaged Please attach a copy of first
	sought? Yes/No



13.DETAILS OF PROPERTY LOST OR	DAMAGE					
Description of the property and extent of loss/Damage	Date acquired purchased	Cost Price Rs.	Value at time of loss Rs.	Amount Claimed Rs.		
14. What is the value of the property insured by this policy?						
15. What is the total value of contents at premises at the time of loss or damage?						
16. Do you own the property? Yes/No						
17. If "No" give the name and the address of the owner						
18. If the property subject to a hire purchase mortgage or loan agreement?						
19. If "Yes" give name of the finance or lending Company, their address and agreement no						
20. Was the property on hire or loan to another party?						
21. If "Yes", give name and address of party22. Is any other party interested in the property?						
23. If "Yes" give name and address of the party and extent of interest.						
24. Are you responsible by agreement for the property? Yes/No 25. If "Yes" please forward a copy of the agreement Yes/No						
23. If it's prease for ward a copy of the agreement						



GENERAL QUESTIONS

26. Is there any other insurance on the property?
27. If Yes, give details
28. Have ever made a claim of this nature on any insurer?
29. If "Yes" give details
Additional questions If the loss occurrence Indoors
30. State the nature of the occupancy of the premises
31. Were the premises occupied at the time of the loss ?
32. If "No", give date and time they were last occupied
33. If entry was illegal, how was it obtained?
Additional Questions for glass breakage claims only
35. Size of broken glass
36. Type of glass
37. Situation (e.g./door, window, showcase, etc.)
38. Was the glass sound before the breakage?
39. Do you wish the regazing to be differed until further notice
Bank Account Details of the Insured for Claim Settlement
01. Name of account holder, the cheque to be credited: 03. Type of Account : Savings Current
02. Name of the Bank and Branch: 04. 04. 04. 04.
Declaration
I/We declare that these particulars are true to the best of my/our knowledge and belief.
Signature: Date: Date:
Name:
Designation:
Contact No/s: