

FORM 1C

MOBILE HANDSET CLAIM FORM: GUARD UR MOBILE
(FOR PHYSICAL DAMAGE ONLY)

Please note that the issue of this claim form is not to be taken as an admission of liability

DETAILS OF AMC PROVIDER	
1	INTIMATION NUMBER*: AD_D_
2	Name of the Retailer*:
3	Name of the Customer*: Address*: Pin code*:
4	DATE OF BIRTH* Contact No* Email ID*:
DETAILS OF HANDSET	
1	Make and model of handset*:
2	Purchase Invoice No & Date*:
3	Handset IMEI No. *: 2nd IMEI No. (If handset is dual SIM) *:
DETAILS OF LOSS	
1	Date, Time & place of incident*
2	Brief description of incident* (If the space is insufficient use a separate sheet)
3	Estimated loss (As per Estimation from Service Center)*
4	Do you have any other insurance on the said Mobile Handset? If so, please furnish particulars

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 accident, 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 past or future accident shall be forfeited.

Date:

Place:

Signature of insured Person

IMPORTANT: KINDLY ATTACH PROOF OF PHOTO IDENTIFICATION, DATE OF BIRTH AND A COPY OF SPECIMAN SIGNATURE PROOF.