

FORM 2C
INCIDENT REPORT

I Mr. / Ms _____ would hereby like to inform that I had purchased a mobile vide Invoice No. _____ dated _____, bearing

IMEI No. (Kindly mention both IMEI if handset is dual SIM) * _____

Make _____. Model _____.

The said mobile was damaged on (mention date) * _____

Detailed Description of Incidence:

***Service Centre where the damaged equipment is available for inspection**

***NAME -**

***ADDRESS -**

***LANDMARK -**

***PHONE NO.**

***CONTACT PERSON -**

I hereby declare that all information/details furnished hereinabove are true to the best of my knowledge.

Thanking you,

SIGNATURE OF INSURED PERSON

ADDRESS

CONTACT NO.

*** Compulsory fields**