WARRANTY INSURANCE
CLAIM FORM

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

Name of Insured	
Policy number	
Policy Period	to
Correspondence Address	
Product Name	
Model No	
Component loss/damaged	(Please attach list of the parts/components along with amount)
Claimed Amount	
Date of Purchase of Product	(In case of an extensive list, please attach as annexure)
Manufacturer's Warranty Period	(In case of an extensive list, please attach as annexure)
Trouble was first noticed on	(In case of an extensive list, please attach as annexure)
Trouble description	(In case of an extensive list, please attach as annexure)

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: Signature of Insured:

Place: Company Seal: