



# THE NEW INDIA ASSURANCE CO. LTD.

(Wholly owned by Govt. of India)

## Claim Form – TL

### Insurance Claim Form (GIZMOHELP) for Mobile Handset / Tablet / Laptop

(For Theft / Burglary Claims Only)

#### IMPORTANT: Please note the following carefully:

1. You can fill this form in English or in Hindi. Please do not fill it in any other language.
2. Issuance of this claim form does not amount to admission of liability under the policy on part of the Insurer.
3. Please give all required information correctly and completely to enable us to process your claim promptly.
4. **Please do not leave any field unanswered. Leaving the field as blank would lead in delay of claim processing.**
5. All photocopies have to be self attested by the insured.
6. All documents which were sent as scan copy initially, have to be sent in original hard copy.
7. Please do not send any document as photographs taken from mobile camera, the documents have to be properly scanned or photocopied.
8. Please send all documents completely filled and duly signed, within 7 days from the date of incidence. Failing which insurer reserves the right of claim process on non-standard basis.
9. In case of incomplete documentation your claim will not be processed.
10. **Kindly send the documents for processing of claim to the following address by courier / post:**

FINANCIAL HEIGHTS

(GIZMO Help Claims Division)

A-20/1, Naraina Industrial Area, Phase – II

New Delhi – 110 028

11. **Documents submitted by hand or in person would not be accepted.**

#### Details of INSURED

Gizmo Insurance ID	1.	Gizmo Claims Ref No.	2.	Intimation Date	3.
Name of the Insured	4.				
Address of the Insured	5.				
	Pin: 6.				
Contact Nos.	7.				
Email id	8.				

#### Details of HANDSET/ TABLET / LAPTOP

Name of the Retailer	9.				
Make & Model	10.				
Invoice No. (Handset (H))	11.	Invoice Date (H)	12.		
Invoice No. (Gizmo (G))	13.	Invoice Date (G)	14.		
SIM 1 IMEI No.	SIM 2 IMEI No.	Sl. No. of Laptop/ Tablet	MAC No. of Laptop		
15.	16.	17.	18.		

#### Details of Loss / Incidence

Date of Loss / Incidence	Time of Loss / Incidence	Place of Loss / Incidence
19.	20.	21.



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**Detailed description of the Incidence:** (if space is insufficient please use separate sheet). You can also write in Hindi.

22.

Do you have any other insurance on the said Equipment? If so, please furnish particulars.

23.

Sl.	List of documents to be attached with this Claim Form	Tick (✓)
01.	Self attested Photocopy of Bill / Invoice of Handset / Equipment	
02.	Self attested Photocopy of Bill / Invoice of GIZMO Product / Help Services	
03.	Self attested Photo ID proof of the Insured	
04.	Original Police Complaint Letter/ FIR (to be procured within 96 hours of the incident)	
05.	Cancelled Cheque leaf with A/c No., IFSC Code, MICR Code & Name of the A/c Holder printed on it.	
06.	Detailed Itemised Bill with all calls summary for post paid SIM.	
07.	Letter of Subrogation on stamp paper of Rs.20/- attested by Notary (Form – TL – 1)	

## **To be Certified by the Telecom Service Provider**

(To be issued by the Authorised Outlet of the Telecom Service Provider)

To be procured within 96 hours of incidence

This is to certify that the prepaid/post paid mobile no. <sup>24.</sup> \_\_\_\_\_ in the name of Mr./Ms/M/s. <sup>25.</sup> \_\_\_\_\_ and address per our records is <sup>26.</sup> \_\_\_\_\_.

We confirm having received the said request on <sup>27.</sup> \_\_\_\_\_ (date & time of receiving request) for barring services (incoming & outgoing) of the given number, due to <sup>28.</sup> \_\_\_\_\_ (reason of loss) of the mobile equipment on <sup>29.</sup> \_\_\_\_\_ (date & time of Loss).

Signature, Name & Address of the SIM Owner

Seal & Signature of the Telecom Service Provider



(Please fill in Block Letters)

The Bank A/c details should be of the Insured only. Details of relatives or friends will not be accepted.

Name of the Insured / Account Holder (As per Bank's Records):<sup>30.</sup>

[illegible]

Bank Name & Branch Address: <sup>31.</sup>							

[illegible]Bank A/c No.<sup>32.</sup>[illegible]MICR Code<sup>33.</sup>

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IFSC Code <sup>34.</sup>[illegible]

To be verified in case cheque does not have  
printed A/c no. and / or Name of A/c Holder

**Signature & Stamp of Bank Official**

### Pre-Receipt Voucher and Declaration

Received on this \_\_\_\_\_ (date) from The New India Assurance Co. Ltd., New Delhi, a sum of  
Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only)  
towards full and final settlement of Claim No. \_\_\_\_\_ under Policy No.  
\_\_\_\_\_ in respect of damage claim of the subject equipment, to my  
above mentioned bank account, through NEFT.

I/We, hereby warrant the truth of the foregoing particulars in every respect and I/we, agree that if I/we have made or shall make any false or untrue statement, suppression or concealment of any fact, my/our right to claim reimbursement of the said expenses shall be absolutely forfeited. I/We, further declare that, in respect of the above claim, no benefits are availed or claimed under any other Insurance policy of the same equipment.

Date:

Place:

**Signature of the Insured**