

**ALL RISK CLAIM FORM (CELL PHONE)**

1. INSURED NAME: \_\_\_\_\_
2. POLICY NO. \_\_\_\_\_
3. DATE OF LOSS: \_\_\_\_\_
4. NATURE OF LOSS: \_\_\_\_\_
5. CIRCUMSTANCES OF LOSS: \_\_\_\_\_  
\_\_\_\_\_
6. LOSS AMOUNT: \_\_\_\_\_
7. WHEN WAS THE POLICE NOTIFIED OF THE INCIDENT? (If applicable)  
\_\_\_\_\_
8. ARE THE DAMAGES REPAIRABLE: \_\_\_\_\_
9. IS THE LOST/DAMAGED EQUIPMENT ALSO INSURED WITH ANY OTHER COMPANY?  
If yes, please give details of insurance policy.  
\_\_\_\_\_

I /We hereby confirm that all the above mentioned facts are true to my knowledge. I/We further solemnly declare that I/We have no manner nor by any fraud nor willful misrepresentation nor non disclosure sought unjustly to benefit by the said Fire/damage and that this solemn declaration made by me/us conscientiously believing the same to be true.

\_\_\_\_\_  
Signature and stamp