## FORM 2C

## **INCIDENT REPORT**

I Mr. / Ms	would he	ereby like to inform	n that I had p	urchased a m	obile vide In	voice No
	dated	_, bearing				
IMEI No. (Kindly I	mention both IMEI if handse	et is dual SIM) *				
Make	Model	·				
The said mobile v	vas damaged on (mention	ion date) *	<del> </del>			
D ( "   D ) ; ;						
Detailed Descript	on of Incidence:					
		<del></del>	• • • • • • • • • • • • • • • • • • • •			
*Service Centre	where the damaged ed	quinment is availa	ble for inspect	tion		
		<u> </u>		<u></u>		
*NAME -						
*ADDRESS -						
*LANDMARK -						
*PHONE NO.	*CONTAC	CT PERSON -				
I hereby declare t	that all information/detail	ils furnished herein:	ahove are true t	to the hest of m	v knowledae	
Thoroby decides	nat an imorriadori, aotan	no rarmonoa norome		.5 1110 5000 01 111	iy kilowlougo	•
Thanking you,						
, , , , , , , , , , , , , , , , , , ,						
SIGNATURE OF	INSURED PERSON					
SIGNATURE OF	INSURED PERSON					
ADDRESS						
CONTACT NO.						
* Compulsory fie	elds					