Declaration Form – Theft/ Loss claim

Date: …...... / / 202…

From,

Mr./ Ms. (Claimant name) . Address Line 1:

Address Line 2: Street Name:

City/District: Pin code: State:

To,

EARKART PVT LTD

NOIDA

I Mr. / Ms would hereby like to inform that I had

purchased Hearing Aid(s) from \_\_\_\_\_\_\_(Seller name).. vide Invoice No..…………..………………………… Dated……/……/202….. bearing Policy No …………………………………..Make & Model No. …………………………………………………

The said Hearing Aid(s) has/ have been lost/ stolen on date ….……/….……/202\_\_ , detailed description of theft/ loss is as mentioned below.

Detail Description of Incidence of loss/ theft:

Further I would also like to inform that police complaint has been lodged for loss/ theft of the subject Hearing Aid; letter along with acknowledgment with regard to the same is attached herewith. (Not Mandatory, attach only if you have)

I have read all the above mentioned information and I accept the same in totality and the same are true to the best of my knowledge. I hereby abide the terms and conditions of the policy.

Thanking you,

Name & Signature of the Claimant