

Claims Notice

1. Insurance Contract

- Policy Number:
- Insured:
- Address of Insured:
- Contact Person:

2. Defective Photovoltaic Modules and Corresponding Sales Invoice

- Invoice date:
- Invoice Number:
- Period of Manufacturing facility which defective Photovoltaic modules are produced in:
- Detailed location of Defective Photovoltaic Modules:
- Number of defective Photovoltaic Modules:
- Module Type(s) of defective Photovoltaic Modules:
- Module Bin(s) of defective Photovoltaic Modules:
- Have the defective Photovoltaic Module not undergone any modifications? If yes, please provide further details:

Please send for each and every defective Photovoltaic Module

- Serial numbers
- Power output
- Bill of materials report for critical components

3. Customer Claim

- Date of first customer claim notification:
- Commercial operator name:
- How was defect discovered?
- (Possible) Cause for loss in power output:
- Did customer comply with warranty terms?
- Please state why you think defect falls under Warranty and Indemnity Insurance:

Toll Free: 1-800-103-5499; SMS "claim" to 56161
GSTIN: 06AAACI7573H1ZG; SAC Code: 9971
Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi -110017
Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106
Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi

- Please list previous incidents of similar nature:
- Name of third party laboratory:
- Contact person of third party laboratory:
- Other information:
- Status of Customer Claim:

Please send

- Third party laboratory test report
- Confirmation for customer claim notification
- Copy of actual warranty document

4. Reimbursement to Customer

- Estimated cost for repairing defective Photovoltaic Modules:
- Estimated cost for replacing defective Photovoltaic Modules:
- Estimated cost for supplying new or additional Photovoltaic Modules to compensate for decreased output:
- Estimated cost for Actual Cash Value of defective Photovoltaic Modules involved in accordance with Section 8.2 of the Policy:
- Which method of reimbursement did you choose?
- (Estimated) Date for reimbursement:

5. Attachments:

- Excel list with all information as required in the Claims Notice Form for all defective Photovoltaic Modules including
 - serial number,
 - product type name,
 - nominal power,
 - day of production,
 - bill of materials,
 - IV curve parameters taken at end of manufacturing (Voc, Isc, Vmpp, Impp, Pmpp),
 - test conditions (module temperature).
- Type certification according to IEC-61215 for the defective product types with underlying test reports showing the bill of materials.
- Report from extended reliability tests for the product types and bill of materials.

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- Excel list with findings during warranty handling for all defective Photovoltaic Modules including
 - serial number,
 - product type name,
 - nominal power,
 - sales date,
 - sales/purchase price (currency),
 - claims date,
 - warranted power when claimed,
 - day of claims handling,
 - type of failure (no failure found, cosmetic, underperformance, others)
 - measured power,
 - findings from visual inspection,
 - claimed expenses.
- In case the module shows potential induced degradation (PID), proof of PID resistance for the product type and BoM according to IEC-62804;
- In case of UV related degradation, proof of UV stability for the product type and BoM that corresponds to at least 300 kWh/m² of [UV] irradiation;

DECLARATION BY THE INSURED

THE SIGNATORY CONFIRMS WITH HIS/HER SIGNATURE THAT HE/SHE HAS THE POWER TO REPRESENT THE COMPANY TO SIGN AND EXECUTE THIS CLAIM NOTICE AND THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF (HAVING MADE FULL, COMPLETE, DUE AND PROPER INQUIRIES), THE INFORMATION GIVEN IN THIS CLAIM NOTICE IS – AS OF THE DATE OF SIGNING - TRUE, ACCURATE AND COMPLETE IN EVERY DETAIL AND HE/SHE HAS NOT WITHHELD ANY MATERIAL FACT WHICH COULD HAVE OR ONE COULD REASONABLY EXPECT

TO HAVE AN EFFECT ON THE INSURER'S DETERMINATION OF THE POTENTIAL LOSS AND ITS SIZE.

THE SIGNATORY UNDERTAKES TO INFORM THE INSURER IMMEDIATELY AFTER IT HAS COME TO HIS/HER KNOWLEDGE THAT ANY INFORMATION GIVEN IN THIS CLAIM NOTIFICATION FORM TURNS OUT TO BE INCORRECT, INACCURATE OR INCOMPLETE.

ALL ATTACHMENTS TO THIS CLAIM NOTIFICATION FORM HAVE TO BE DATED AND SIGNED AS WELL.

IFFCO TOKIO GENERAL INSURANCE COMPANY LIMITED



Date

Signature of Company

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