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Claim Form Electronic Equipment Insurance

FOR OFFICE USE ONLY

Claim No.:

IMPORTANT NOTE

You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the claim submitted hereunder may be declined.

A. DETAILS OF INSURED

Policy No.

Name of Insured

Address of Insured

Postcode

Address of the property insured:

Postcode

B. LOSS OR DAMAGE OCCURRENCE

Date of Loss or damage (dd/mm/yy):

Time:

Are there any witnesses? (If yes, please give names, professions and addresses)

YES

NO

C. DAMAGED ITEMS

Which item was damaged? (If more than one scheduled item is affected, please attach list of items)

Name of manufacturer, type of machine:

Year of manufacture, serial number: (Please give full details as on manufacturer's plate)

YES

NO

Description of damaged item (capacity, r.p.m., weight, etc.):

Are the damaged items also insured with another company? (If yes, please give name of the other company and scope of cover)

YES

NO

D. DAMAGED ITEMS

How did the damage occur and what was its probable cause? (Please attach sketches, photos, etc. Where damage to Electronic Data Processing (EDP) system is involved, please furnish a loss report drawn up by the maintenance firm or supplier)

E. REPAIRS

How will the damaged items be repaired, by whom and where?

Please indicate estimated repair period:

What are the estimated repair costs?

(Please enclose copy(ies) of repair estimate(s), which should show a breakdown into material costs, labour charges - including man-hours worked - and freight charges)

In the event of third parties having caused the loss. Who was to blame for the loss? (If possible, please give full address of witnesses)

F. DECLARATION

I/We declare that the particulars given on this form are true and complete, copies of documents are identical with the original one, and that I/We have not withheld from the Company, any information within my/our knowledge connected with the accident.

Signature of Insured:

Date:

(If a Limited Company, give status of signatory and affix company's rubber stamp)