

## CLAIM FORM

### ELECTRONIC EQUIPMENT INSURANCE

Policy No. \_\_\_\_\_

Claim No. \_\_\_\_\_

The issuing of this form is not to be taken as an admission of liability by the Insurers.

1. Name and Address  
of Insured \_\_\_\_\_

Location of the object \_\_\_\_\_

Leading Insurer \_\_\_\_\_

Period \_\_\_\_\_

2. When did the loss or  
damage occur ? \_\_\_\_\_

Time : \_\_\_\_\_

Date : \_\_\_\_\_

When was notice first given  
to the Insurer? \_\_\_\_\_

To whom ? \_\_\_\_\_

By whom ? \_\_\_\_\_

3. Are there any witnesses ? ☐ Yes

☐ No

If so, please give names,  
Professions and addresses. \_\_\_\_\_

4. Name and address of surveyor \_\_\_\_\_



**Assurance**

Covers You Right Through

5. Which item was damaged?

Item No. in Specification  
of Policy Schedule

Sum insured

Name of manufacturer,  
type of machine

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

Description of damaged  
Item (capacity, r.p.m.,  
Weight, etc.)

6. Are the damaged items also insured with another company? If so, with which?

Scope of cover

If more than one scheduled items affected, please complete one form per item.

7. How did the damage occur and what was the probable cause?

Please attach sketches,  
photos, etc.

Where damage to EDP  
systems is involved, please  
furnish a loss report drawn  
up by the maintenance firm  
or supplier



**Assurance**

Covers You Right Through

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8.	In the event of damage to tubes or valves for X-ray equipment.	Age in months _____  Previous usage (No. of shots) _____  Hours of operation (for depth therapy) _____
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9.	In the event of losses caused by burglary, theft, fire, traffic, accidents.	Which police station did you notify of the incident? _____ _____  File reference used by Public Prosecutor's Office _____
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10.	In the event of damage to radio equipment:	Serial No. of damaged equipment _____  Licence No(s). of the other vehicle(s) involved in the accident _____  File reference used by Public Prosecutor's Office _____
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11.	In the event of damage to traffic signals:	Name and full address of the persons who caused the accident _____ _____  Licence No(s). of the car(s) involved in the accident _____  Third Party Liability Insurer of the person(s) who caused the accident _____
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12.	How will the damaged items be repaired, by whom and where?  Please indicate estimated Repair period.	
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13.	What are the estimated repair costs?	
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14. In the event of third parties having caused the loss

Who was to blame for the loss? (If possible, please give the full address of witnesses).

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15. Who is authorized to receive the indemnity? Bank

Account No.

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

The undersigned insured declares that he has answered the above questions conscientiously and truthfully.

Issued at this day of

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Signature