



## ELECTRONIC EQUIPMENT CLAIM FORM

(THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM)

CLAIMS HOTLINE – 0501447071 / 0501447063

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

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

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

Last premium payment \_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_

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.)

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Description of damaged item (capacity, rpm, weight, etc) \_\_\_\_\_

Scope of cover \_\_\_\_\_

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

6. Are the damaged items also insured with another company? \_\_\_\_\_

If so, with which? \_\_\_\_\_

Scope of Cover \_\_\_\_\_

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.

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) \_\_\_\_\_

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: \_\_\_\_\_

License No(s) of the other vehicle(s) involved in the accident \_\_\_\_\_

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File reference used by Public Prosecutor's Office

11. In the event of damage to traffic signals:

Name and full address of the person who caused the accident \_\_\_\_\_

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License No.(s) of the car(s) involved in the accident \_\_\_\_\_

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Please indicate estimated repair period. \_\_\_\_\_

12. How will the damaged items be repaired, by whom and where? \_\_\_\_\_

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Please indicate estimated repair period \_\_\_\_\_

13. What are the expected estimated costs? \_\_\_\_\_

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. \_\_\_\_\_

\*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.

Executed at \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_