



**SRIC**  
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# NOTIFICATION OF LOSS OR DAMAGE FOR ELECTRONIC EQUIPMENT INSURANCE

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

## POLICY DETAILS

FAILURE TO FULLY ANSWER EVERY QUESTION MAY PREJUDICE ANY CLAIM

Claim No.

|   |                        |                      |                      |   |
|---|------------------------|----------------------|----------------------|---|
| 1 | Full name of Insured   | <input type="text"/> |                      |   |
|   | Address                | <input type="text"/> |                      |   |
|   | Email Address          | <input type="text"/> |                      |   |
|   | Location of the object | <input type="text"/> |                      |   |
|   | Leading Insurer        | <input type="text"/> |                      |   |
|   | Policy Number          | <input type="text"/> |                      |   |
|   | Period                 | <input type="text"/> | Last premium payment | <input type="text" value="DD / MM / YYYY"/> |

|   |                                    |          |                      |      |   |
|---|------------------------------------|----------|----------------------|------|---|
| 2 | When did the loss or damage occur? | Time     | <input type="text"/> | Date | <input type="text" value="DD / MM / YYYY"/> |
|   | When was notice first given?       | To whom? | <input type="text"/> |      |   |
|   |                                    | By whom? | <input type="text"/> |      |   |

|   |   |                      |                          |    |                          |
|---|---|----------------------|--------------------------|----|--------------------------|
| 3 | Are there any witnesses?                            | Yes                  | <input type="checkbox"/> | No | <input type="checkbox"/> |
|   | If so, please give names, professions and addresses | <input type="text"/> |                          |    |                          |
|   |   | <input type="text"/> |                          |    |                          |

|   |                     |                      |  |  |  |
|---|---------------------|----------------------|--|--|--|
| 4 | Name of surveyor    | <input type="text"/> |  |  |  |
|   | Address of surveyor | <input type="text"/> |  |  |  |

|   |  |                      |                      |  |  |
|---|--|----------------------|----------------------|--|--|
| 5 | Which item was damaged?                                  | <input type="text"/> |                      |  |  |
|   | Item No. in Specification of Policy Schedule             | <input type="text"/> |                      |  |  |
|   | Sum Insured  | <input type="text"/> |                      |  |  |
|   | Name of manufacturer                                     | Type of Machine      | <input type="text"/> |  |  |
|   | Year of manufacture                                      | Serial Number        | <input type="text"/> |  |  |
|   | Description of damaged item (capacity, RPM, weight, etc) | <input type="text"/> |                      |  |  |

|   |  |                      |                          |                |                          |
|---|--|----------------------|--------------------------|----------------|--------------------------|
| 6 | Are the damaged items also insured with another company? | Yes                  | <input type="checkbox"/> | No             | <input type="checkbox"/> |
|   | If so, with which?                                       | <input type="text"/> |                          | Scope of cover | <input type="text"/>     |

|   |  |                      |  |  |  |
|---|--|----------------------|--|--|--|
| 7 | How did damage occur and what was probable cause?  | <input type="text"/> |  |  |  |
|   | Please attach sketches, photos, etc.   | <input type="text"/> |  |  |  |
|   | Where damage to EDP systems is involved, please furnish a loss report drawn p by the maintenance firm or supplier. | <input type="text"/> |  |  |  |
|   |  | <input type="text"/> |  |  |  |

*1If more than one scheduled item is affected, please complete one form per item.*



8 In the event of damage to tubes or valves for X-ray equipment

|  |                      |
|--|----------------------|
| Age in months                          | <input type="text"/> |
| Previous usage (No. of shots)          | <input type="text"/> |
| Hours of operation (for depth therapy) | <input type="text"/> |

9 In the event of losses caused by burglary, theft, fire, traffic accidents

Which police station did you notify of the incident?

Fire reference used by Public Prosecutor's Office

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

Fire reference used by Public Prosecutor's Office

11 In the event of damage to traffic signals

Name and address of the person who caused the accident

Licence No.(s) of the vehicle(s) involved in the accident

Third Party Liability Insurer of the person who caused the accident

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

Please indicate estimated repair period

13 What are the estimated repair costs?

14 In the event of third parties having caused the loss

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

15 Who is authorised to receive the indemnity?

|             |                      |
|-------------|----------------------|
| Bank        | <input type="text"/> |
| Account No. | <input type="text"/> |

<sup>2</sup>Please enclose copies of repair estimates, 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  Date

Signature