



Notification of Loss or Damage for Electronic Equipment Insurance

Claim No

Policy No

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

1. Name, address and _____
 Telephone number _____
 Of insured _____
 Location of the object _____

Policy Period

2. When did the loss or damage occur

Time	Date
_____	_____

When was notice first given to the insurer

To Whom?	By Whom
_____	_____

3. Which items were damaged? Refer to Attachment and complete table.

4. Are the damaged items also insured with another company? _____

If so, with which one? _____

5. 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.

6. 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?

Attach a copy of fire service report and/or police report

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

11. What are the estimated repair costs? Refer to attachment and complete table.

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 _____ 20____
Signature _____