



CLAIM FORM

COMPUTER INSURANCE

Policy Number.....

Claim Number.....

Insured.....

Telephone Number.....

Address.....
.....
.....

Are you VAT Registered? YES
NO

If yes VAT Reg. Number.....

Details of insured equipment involved in the occurrence

Equipment, Description including Type No. Serial No.....

Date of purchase.....

Value
£.....

Details of Occurrence

Date..... Time..... Place.....

What work was machine doing?.....
.....

Was machine being used by the Insured?
YES NO

Name of Operator.....

Was Operator in the employ of the Insured?
YES NO

If so, for how long?.....

Describe how loss or damage occurred

.....
.....

If damage was caused by any person not in the employ of the Insured, give names and addresses

.....
.....

Name and addresses of witnesses

.....
.....

Give particular of loss or damage claimed

.....
.....

Where can damaged property be inspected?

.....
.....

What steps have been taken to effect repairs?

.....
.....

Name and address of repairers

.....
.....

Estimated cost of repair (please attach repairer's estimate) £

For claims in respect of loss in transit, please also answer the following:-

Name and address of Carriers and mode of conveyance

.....
.....

Indicate whether consigned at the Carrier's or Owner's risk

.....
.....

How was property packed?

.....
.....

If damage occurred during loading or unloading, by whom was the operation carried out?

.....
.....

IMPORTANT

It is essential that the Insured immediately notifies the Carriers that he intends claiming from them. Has such notification been given?

.....
.....

For claims in respect of loss by theft, please also answer the following:-

How was the loss discovered and by whom?

.....
.....

Describe fully how the loss occurred i.e. method of entry, damage caused, other items taken etc.

.....
.....

Give the date the Police were advised and the name & address of the Police Authority concerned and Crime Reference Number

.....

What steps have been taken to discover the guilty person and to recover the property?

.....
.....
Is the insured aware of any other Insurances (Whether YES NO
or not in the Insured's Name) covering the loss or
damage or liability

If so give details

.....
I/We declare that the whole of the statements made by me/us in the Claim Form are in every
respect true and that no person(s) has/have an interest in the property lost or damaged other
than as stated herein

Date

Signature

Name (in Capitals)

If there is any other information or sketches you would like to include, please put it on a
separate piece of paper and attach it to this claim form.

The Underwriters do not admit liability by the issue of this form.

**On completion return to Nevett & Taylor Ltd, 7 Union Road, New Mills, High Peak,
SK22 3EL**

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