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Electronic Equipment Insurance Claim Form

IMPORTANT NOTES

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

Each and every case of loss should be reported to Mapfre Middlesea p.l.c. immediately. Remember that you are obliged by law to limit the extent of damage as far as possible, and to provide us with an original of all invoices covering repairs together with all service reports and estimates.

ALL RELEVANT QUESTIONS MUST BE FULLY ANSWERED

1. POLICYHOLDER'S DETAILS

Name of policyholder	
Address	
I.D Card No.	Business/Occupation
Policy Number	E-mail
Telephone no.	Mobile no.
VAT Registration No.	VAT Status

2. NOTIFICATION OF LOSS (ELECTRONIC EQUIPMENT INSURANCE – MATERIAL DAMAGE COVER)

Give a description of the damaged, destroyed or stolen unit:	
Manufacturer	Year of construction
Model	Unit Code No.
Item No. in the equipment schedule	
Date of loss event	Time of day
Where did the damage occur?	
What were the circumstances leading to the loss? How was the damage first noticed? Was one particular event directly responsible for the loss? (Please supply a detailed description, if necessary, on a separate sheet).	
Did anyone witness the loss event, or is anyone able to supply relevant information? (Name, address, telephone number)	

3. MATERIAL DAMAGE

Provide a description of the actual loss event. (Were there any signs of damage and, if so, what were they and what were the circumstances?	
Who carried out the repair work? (Name, address, telephone number)	
Where and when can the damaged equipment be inspected?	
What repair costs are involved, or what is estimated?	
Give details if damage has been caused to tubes (e.g. X-ray tubes, image intensifier tubes, TV pick-up tubes)	
Age of tubes (in months)	Number of hours in use
Number of pictures/scans taken	
Are the units or damaged parts still covered under a warranty? YES ☐ | NO ☐	
Can the damaged parts be repaired under a maintenance contract? YES ☐ | NO ☐	
Were credits either allowed for replacement spare parts or the possibility of allowing them discussed? YES ☐ | NO ☐	
If so, to what extent?	
Has the unit been assigned over to bank, leasing company and lessor, as a security measure or have claims for damages been transferred? YES ☐ | NO ☐	
Will claims be enforced on this basis? YES ☐ | NO ☐	
If so, by whom? (supply name and address of claimant)	
ONLY TO BE COMPLETED IF DAMAGE HAS BEEN CAUSED BY THIRD PARTIES Name and Address of third party	
ONLY TO BE COMPLETED IN CASE OF THEFT OR DAMAGE CAUSED BY FIRE, EXPLOSION, BURGLARY, THEFT, ROBBERY AND ROAD ACCIDENTS Which police station was notified after the loss event? Which magistrate is carrying out investigations (where possible, include official notification)?	
Has the equipment been insured with another company? YES ☐ | NO ☐	
If so, what perils have been covered	
Name and address of Insurance Company / Policy No.	

NOTE: Should the information provided in this form be in any way incomplete or questions have not been answered to their fullest extent, this may lead to the loss of any claim for indemnification.

PERSONAL DATA PROCESSING

If you would like to know more about how Mapfre Malta p.l.c. processes your personal data, please refer to the following link: www.mapfre.com.mt/privacy-policy/.

DECLARATION

I/we hereby declare that, after checking all details, the above information and statements are, to the best of my/our knowledge and belief, correct and complete. I/we understand that in the event of an incomplete and/or non-disclosure of material information, Mapfre Malta p.l.c reserves the right to repudiate the claim. Furthermore, I/we declare that I/we have not withheld any information relevant to the claim and assume full responsibility for the statements being made.

If the answers to all or any of the above questions have been written by others at my/our dictation or instruction I/we confirm that I/we have read those answers and that they are correct and that such person completing this form on my/our dictation or instruction for this purpose will be regarded as my/our agent.

Date:
Insured's signature(s):