

Electronic Equipment Insurance Claim Form

IMPORTANT NOTE

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

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 <input type="checkbox"/> NO <input type="checkbox"/>	
Can the damaged parts be repaired under a maintenance contract? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Were credits either allowed for replacement spare parts or the possibility of allowing them discussed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NO <input type="checkbox"/>	
Will claims be enforced on this basis? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NO <input type="checkbox"/>	
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.

DATA PROTECTION AND PROFESSIONAL SECRECY

I consent (on my behalf and on behalf of any other person /s specified in this form (Others) to the processing of any information by the Company or any other members of the Mapfre Middlesea Group of Companies (the Group) supplied by myself on my own behalf and on behalf of Others, which constitutes personal data as long as this processing relates to administering my insurance proposal and policy, underwriting, handling and settling of claims, detecting, preventing and suppressing fraud and the keeping of statistics.

I understand (and I have explained to the Others) that the Company or any other members of the Group may, in addition, exchange some or all of the information with my insurance intermediary, appointed experts, other insurance companies or the Malta Insurance Association for the above purposes. I also authorise (on my own behalf and on behalf of Others) insurance companies and intermediaries to disclose information about or relevant to my insurance history for these purposes.

I understand (and I have explained to Others) that when I tell the Company about an incident which may or may not give rise to a claim, the Company may pass information relating to it to the Malta Insurance Association and/or other insurance companies or intermediaries.

I authorize (on my own behalf and on behalf of Others) the Company and other companies within the Group to keep me informed of their products and services by mail, fax, email or other electronic means. I understand (and I have explained to Others) that I may inform them in writing if I do not wish to receive this information.

I understand (and I have explained to Others) that I have the right to request access to and rectification of my personal data held by members of the Group by directing my request to Mapfre Middlesea p.l.c.

Signature of claimant

DECLARATION

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete. 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.

Signature of claimant

Date