Electronic Equipment Claim Form

Policy Number :

Insured Name :

Address where Loss Occurred

:

Contact Details of Person (for assessment) including location and telephone number

:

Details of Item Lost Stolen or Damaged

Item Number on Policy Schedule

Theft with Force or No Force ?

SAPS Case Number

Estimated Value of Damage R

Detailed description of how Loss occurred :

Date of Loss :

Owned / Hired :

Purchased in (Year) :

Estimated Damage R

I HEREBY DECLARE that all particulars and answers in this proposal and appendices are true and complete in every respect, and that no material fact has been suppressed or withheld. I further declare that if such statements and particulars are in the writing of any person other than myself, such person shall be deemed to have been my Agent for the purpose of this Proposal, and I agree that this declaration and the details given shall be the basis of the contract between me and the Company. I further agree to accept a policy subject to the usual conditions prescribed by the Company and endorsed on their policy, and to pay the premium thereunder. I undertake to exercise all ordinary and reasonable precautions for the safety of the property.

Signed at	**Date**
Designation	**Signature**