

NOTIFICATION OF LOSS OR DAMAGE FOR ELECTRONIC EQUIPMENT CLAIM FORM



Adamjee Insurance Co. Ltd.

Head Office: Adamjee House, 80/A, Block E-1, Main Boulevard, Gulberg-III, Lahore-54000. Tel: 042-35772960-79

Karachi Office: Adamjee House I.I. Chundrigar Road, Karachi-74000, Pakistan. UAN: 021-111-242-111

Claim No. _____ Policy No. _____

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

1. Name and address of Insured _____
Location of the object _____
Leading insurer _____
Period _____ Last premium payment _____

2. When did the loss or damage occur? Time: _____ Date: _____
When was notice first given to the Insurer? To whom? _____
By whom? _____

3. Are there any witnesses? Yes No
If so, please give names, professions and addresses. _____

4. Name and address of surveyor _____

5. Which item was damaged?¹
Item No. in Specification of Policy Schedule _____
Sum insured _____
Name of manufacturer, type of machine _____
Year of manufacture, serial number _____
(Please give full details as on manufacturer's plate.) _____
Description of damaged item (capacity, r.p.m., weight, etc). _____

6. Are the damaged items also insured with another company? If so, with which? _____
Scope of cover _____

¹If more than one scheduled item is affected, please complete one form per item.

7. 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. _____

8. 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? _____

File reference used by Public Prosecutor's Office _____

10. In the event of damage to radio equipment: _____

Serial No of damaged equipment _____

Licence No(s) of the other vehicle(s) involved in the accident _____

Fire reference used by Public Prosecutor's Office _____

11. In the event of damage to traffic signals: _____

Name and full address of the person who caused the accident _____

Licence No(s) of the car(s) involved in the accident _____

Third Party Liability Insurer of the person(s) who caused the accident _____

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

Please indicate estimated repair period. _____

13. What are the estimated repair costs?² _____

14. In the event of third parties having caused the loss: _____

Who was to blame for the loss? (If possible, please give the full address of witnesses) _____

15. Who is authorized to receive the indemnity? _____

Bank _____ Account No. _____

² Please enclose copy(ies) 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 _____