



Eloham Risk Solution

Computer & Electronic Equipment Insurance Claim Form

To be completed by the Insured

INSURED DETAILS

Name	<input type="text"/>	Policy No	<input type="text"/>
Address	<input type="text"/>	Claim No	<input type="text"/>
Contact Person	<input type="text"/>	Designation/ Position	<input type="text"/>
E-mail	<input type="text"/>	Tel. No	<input type="text"/>

LOSS OR DAMAGE DETAILS

- Date of damage
- Type and make of damaged Equipment/machinery
- Capacity and Operating Parameters (Voltage, Pressure, Temperature Current and Efficiency etc)
- List other accessories attached to the damaged Equipment/machinery
- What was the condition of Equipment/machinery before the loss?
- Date of purchase of the damaged Equipment/machinery
- Was the Equipment/machinery purchased new or second-hand?
- Is the damaged Equipment/machinery under guarantee?
- Is the damaged Equipment/machinery subject of a Hire Purchase Agreement?
- Where can the damaged Equipment/machinery be inspected?
- What is the cost of the damaged Equipment/machinery (Brand New)?
- How much would you value the Equipment/machinery under its present condition before the loss?

CIRCUMSTANCE/CAUSE(S) OF LOSS

Describe in full circumstance of loss/damage. Include date and time.

Describe the possible cause(s) of loss

Suspects
(Name & Address)



EXTENT OF DAMAGE/REPAIR DETAILS

1. What part of the Equipment/machinery is/are damaged. List all the parts affected.

2. Is the damage repairable?

Yes State the estimated cost of repairs ₪

No State the amount being claimed AND ignore the remaining questions in this panel ₪

3. Were quotations obtained?

No Yes If so, was it Verbal Written (attach at least 3 copies)

4. Details of repairer (Main repairer as agreed with Adjusters)

Name

Telephone No

Contact

5. Have repairs commenced?

No Yes If so, state commenced Date / / Name of authorising person

6. Indicate whether repairs will entail:

Penalty rates for overtime, night, holiday or shift work Express charges or airfreight of parts

7. Have any temporary repairs been made?

No Yes Describe the repairs
Cost: ₪

8. Is there any additional work, other than the repairs as a result of damage, being completed while the Equipment/Machinery is down?

No Yes Describe the repairs
Cost: ₪

9. Have you paid the repair account?

Yes No

CONTROL SYSTEM(S)

1. Did you suspect failure of any part or safety control systems which could have alerted your operator? Mention the controls and explained how it failed.

2. When were the safety control systems last inspected/serviced? Attach evidence of last servicing/maintenance and inspection records

STATUTORY INSPECTION DETAILS

1. Is the damaged Equipment/machinery subject to statutory inspection? Yes No If YES, how often?

2. When was the last statutory inspection carried out and by who?

3. Were there recommendations for implementation in the reports? Yes No If YES, how many recommendations?

4. Were all the recommendations implemented? Yes No If NO, how many recommendations were not implemented?

5. List the recommendations not implemented and the reason(s) why they could not be implemented.

Recommendations	Reasons for not implementing

6. Attach copy of last statutory inspection report and recommendations for implementation.

SERVICING/MAINTENANCE DETAILS

1. Is the damaged Equipment/machinery regularly serviced/maintained? Yes No If YES, how often do you maintain it?

2. What kind of maintenance is carried out on the damaged Equipment/machinery?

3. When was the damaged Equipment/machinery last maintained and what does the maintenance entail?

OTHER INSURANCES ON THE LOST/DAMAGED ITEMS

Insurers Policy No

DECLARATION

I/we declare that to the best of our knowledge and belief the information in this form is true and correct and I/we have not withheld any relevant information required on this claim.

Signature of Insured or person with authority to sign for or on behalf of the Insured Date:



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OTHER INSURANCES ON THE LOST/DAMAGED ITEMS

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