



CONSORT

TECHNICAL UNDERWRITERS



TRUSTED ENGINEERING INSURANCE

Electronic Equipment (EEI) Insurance

Claim Form

Notes:

- a) The acceptance of this form is not in itself and admission of liability
- b) Please complete all questions and return immediately
- c) Preserve all damaged parts and make them available for inspection if required
- d) Additional information may be required



Broker / Agent Information

Broker Name: FAIS No:

Branch Name:

Consort Agency Number:

Broker Contact Person:

Tel No: Fax No: E-mail Address:

Insured Information

Proposer's Name:

Type of Business:

Postal Address: Physical Address:

Postal Code: Postal Code:

Contact Person :

Tel No: Fax No: Cell No:

E-mail Address:

Insurance

Insurance Company: Lombard Insurance Company Limited

Policy Number:

Policy Holder:

Details of Loss

Date:

Time (e.g 12:00 PM):

Place:

Explain exactly how the loss occurred:

List of equipment damaged, lost or stolen	Item No. of equipment on Policy Schedule	Estimated cost of repair	Value of salvage	Amount claimed after allowing for depreciation though wear and tear and deduction value of salvage	Is the equipment under warranty?
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Have you ever lodged an insurance claim? Yes No

If yes, please provide details:

Is there any other insurance policy covering this loss/damage? Yes No

If yes, please provide details:

Have you informed the police? Yes No

If yes:

What Police Station?

Case Number:

With what result?

What other steps have you taken to effect a recovery?

*** Wherever possible, please submit a detailed estimate of the repair / replacement costs.**

Supporting Documentation Required"

Material Damage:

- ◆ quotations for cost of repairs / replacement
- ◆ photographic evidence of:
 - ◆ damage
 - ◆ in respect of theft, the damaged building and associated surrounds
- ◆ original purchase invoice
- ◆ where a financial institution's interests are noted, confirmation of outstanding settlement

Reinstatement of Data:

- ◆ invoices for data reinstatement

Increase in Cost of Working:

- ◆ invoices for expenditure incurred

Disclosure

We hereby declare that the above statements made by us are, to the best of our knowledge and belief, complete and true. It is agreed that the Company is liable in accordance with the terms of the Policy only. The Company undertakes to treat this information in strict confidence.

Date:		Name of authorised signature:	
		Capacity:	

* Please note that for this document to be deemed authentic, it must be sent from a nameserver (e.g. person@yourcompany.co.za) and not a web based e-mail service.

United Kingdom Office:

10 Tennyson Close
 Horsham
 West Sussex
 RH12 5PN
 Tel: +44 7467 492 586

Johannesburg (Head Office):

Unit 30, Consort House,
 Waterford Office Park, Waterford Drive, Fourways, 2055
 Tel: (+27) 11 658 1156
 Postal Address: P O Box 520, Banbury, 2164
 Reg: 1999/003909/07

www.consort.co.za

Cape Town Office:

1st Floor Willowbridge Centre
 39 Carl Cronje Drive
 Tygervalley
 7536
 Tel: (+27) 21 974 6198

DIRECTORS: P.A. CHARLTON C.N. CHARLTON A.J. CHARLTON G.P. CHARLTON C. BARKER D. LABURN

Consort Technical Underwriting Managers (Pty) Ltd is an Authorised Financial Service Provider. FSP No. 2273

