Electronic Equipment Claim Form

THATCH
RISK ACCEPTANCES

Cape Town: Telephone +27(0)86 110 5799 Facsimile+27(0)86 5000 888 Gauteng : Telephone +27 (0)86 110 5799 Facsimile +27 (0)86 500 2071

1	Insurance Broker		Telephone Facsimile	
2	Policy Number		Claim Number	
3	Insured Name			
4	Contact Person		Telephone Cellphone	
5	Risk Address			
6	Date of loss		Time of loss	
7	When discovered		Discovered by whom	

8 Describe in detail how loss or damage occurred

9 Were either of the following devices fitted to your equipment ? - check the box and indicate yes / no next to it.

U.P.S. Device	Lightning Protector	Power Surge Protector	Dongle Security Device	Other

If other, please indicate it here….

10 Was loss or theft occasioned by the folllowing…….

Forcible & Violent Entry to Premises / Vehicle	YES	NO	Under Threat Of Violence	YES	NO

11 If Theft was out of a vehicle, where was the vehicle parked ? - Where exactly in the vehicle was the equipment stowed ?

12 How was access to the Vehicle / Premises gained ? - please provide an invoice for such repair as proof of forced entry.

13	Name of S A Police Station where Loss / Theft was reported.	
14	S A Police Case Number & Name of Officer on Duty	
15	Date Loss / Theft was reported to the S A Police	

16 Are you the sole owner of the property which is the subject of this claim? YES NO

If No, give name and address of others Interested

17 Provide detailed description of lost / Damaged / Stolen Equipment…I.e. make / model / accessories / upgrades / operating system / age ,etc

18 Is the Electronic Equipment claimed for beyond economical repair YES NO

If No, have your computer technician provide a detailed report substantiating / confirming the extent of damage.

19 Where can the damaged equipment be inspected / collected as salvage ? Contact person and telephone number

20	Bank Name & Branch	
	Name Of Bank Account	
	Bank Account Number	
	Type Of Bank Account	

I/We understand that the issue of this form is not an admission of Liability.
I/We hereby declare the foregoing particulars to be true in every respect and that I/We have not withheld from the Company any information within my/our knowledge connected with the loss.

Insured's Signature Date