

Computer Claim Form

This file is a fillable electronic pdf form. Please complete all questions – if any question is not applicable please state “N/A”.

Insured Details

Certificate Number Claim Number (if known)

Name of Insured

If a subsidiary of the policyholder please provide company name

Full Address

Street

City County

Country Postcode

Email Tel Fax

Contact Name Contact Reference

Nature of Trade or Business

VAT Details

Are you registered for VAT purposes (ie are you accountable to the tax authorities in respect of Value Added Tax)? Yes No

If Yes, please give VAT registration number

VAT status a) positive rate b) partially exempt state% % c) wholly exempt d) zero rate

If no VAT is recoverable, please state reason

Details of Incident

When did the incident occur? / / Time

Situation or address where incident occurred

Street

City County

Country Postcode

Please describe the cause, nature and extent of damage

State whether the property lost or damaged

a) is your own or is hired to you (if hired please give details)

b) was being transported by

c) was in the possession of

d) for the purpose of

If hired or on loan to you are there any conditions which make you formally responsible for safe keeping of the equipment? Yes No

If yes, please attach a copy of the conditions

If loss/damage caused by a third party, give details and state whether they have been held responsible in writing

If theft, have any measures been taken to prevent a recurrence of the loss? Yes No

If Yes, give details

If the claim is in respect of damage to installation:

a) is there a maintenance agreement? Yes No

b) if Yes, with whom?

c) has the maintenance company accepted responsibility under the agreement? Yes No

Where can the damaged property be inspected?

Are repairs in hand? Yes No

If Yes, by whom (name and address)

Street

City County

Country Postcode

Contact Name Telephone Number

If failure of power supply caused the incident, you must obtain a letter from the supply authority confirming:

a) the times between which the supply was interrupted

b) the cause of interruption

Please provide details of any witnesses to the incident

Please attach any witness statements (if available)

Theft/Malicious Damage

The following information is only required if the loss is due to either theft and any attempted theft, or malicious damage

Please describe precisely the method of entry to and exit from the premises

Please provide copies of any material damage invoices in respect of repair to the premises (for information only)

Please give the name and full address of the police station and the date reported

Police station notified (address)

Street

City County

Country Postcode

Date reported / / Crime Reference

Officer's Name Telephone Number

Our interest will be notified to the police, but if you hear that the equipment has been recovered or that persons have been convicted of the crime, we should be notified immediately

Business Interruption

If business interruption cover has been purchased, please complete the following:

Give date and time of completion of repairs or replacement or if stoppage still continuing, the anticipated date of resumption of work

Please state any action being taken to avoid or diminish the loss

Please estimate cost of such action

Claims Details

All amounts should be supported by copies of the original purchase invoices, repair/replacement invoices and/or quotations. If any costs involve your own time, please provide details of the number of hours involved and the corresponding hourly rate cost

a) Damage to computer equipment

Description of lost or damaged hardware

Item	Make	Model	Serial Number	Date Purchased	Purchase Price	Replacement/Repair Cost
				dd/mm/yy		
				dd/mm/yy		
				dd/mm/yy		
				dd/mm/yy		
				dd/mm/yy		
				dd/mm/yy		
				dd/mm/yy		
				dd/mm/yy		
				dd/mm/yy		

Please give details of salvage value

b) Loss of information and damage to computer records

Please give details of the amount claimed for loss of information and/or programs from fixed disks and computer records

Please describe the procedure for maintaining and storing backup records

1 do you keep back up copies of data carrying materials? Yes No

2 are the back ups ready for use? Yes No

3 when were the back ups last dated?

c) Increase cost of working/additional expenditure

if the computer operations of the business have been interrupted or interfered with, please give details of the additional costs incurred

Other Information

Details of any other insurance under which you may be entitled to recover for this loss/damage

Insurer's name Policy Number

Address

Street

City County

Country Postcode

Telephone number

In respect of risks covered by this insurance, has any loss, damage or liability arisen (whether insured or not) during the last three years?

This includes where your business is carried out at your present or previous address. It also includes where business has been carried out under different trading names or under circumstances in which directors/partnerships have been held. Yes No

If Yes, please give details

