

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 | <input type="text"/> | Claim Number (if known) | <input type="text"/> |
| Name of Insured | <input type="text"/> | | |
| If a subsidiary of the policyholder please provide company name | <input type="text"/> | | |
| Full Address | | | |
| Street | <input type="text"/> | | |
| City | <input type="text"/> | County | <input type="text"/> |
| Country | <input type="text"/> | Postcode | <input type="text"/> |
| Email | <input type="text"/> | Tel | <input type="text"/> |
| | | Fax | <input type="text"/> |
| Contact Name | <input type="text"/> | Contact Reference | <input type="text"/> |
| Nature of Trade or Business | <input type="text"/> | | |

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 | <input type="text"/> | | |
| City | <input type="text"/> | County | <input type="text"/> |
| Country | <input type="text"/> | Postcode | <input type="text"/> |
| Date reported | <input type="text" value="dd"/> <input type="text" value="dd"/> / <input type="text" value="mm"/> <input type="text" value="mm"/> / <input type="text" value="yyyy"/> <input type="text" value="yyyy"/> | Crime Reference | <input type="text"/> |
| Officer's Name | <input type="text"/> | Telephone Number | <input type="text"/> |

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 | | |
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| | | | | 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

Data Protection

In order to administer your claim, this information will be used by Royal and Sun Alliance Insurance plc and its group companies and Aon UK Limited. It may be held on computer and/or in manual files for administration and risk assessment purposes. We may disclose your personal data and sensitive data to reinsurers, the policyholder and the AuMine Claims Database, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries (which do not provide the same level of data protection as the UK) if necessary for the above purposes. If we do make such a transfer we will, if appropriate, put a contract in place to ensure your information is protected.

Where you have provided information about another person, you confirm they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

Conflicts of Interest

Please note: Aon Underwriting Managers is a Managing General Agent which is part of Aon UK Limited and is authorised by the Insurer to handle claims under the Aon Computer scheme and will do so under the terms and conditions of the policy. Aon Underwriting Managers are therefore acting for the insurer. Any objection to this arrangement should be raised when first reporting the claim.

Declaration

By signing/inputting my name below and submitting this form I consent to the above data protection disclosure and I declare that all information given is to the best of my knowledge and belief, full, true, accurate and correct. **Please print and sign.**

Print Name

Signed

Date

 / /

Position within organisation

The issue of this form is not admission of liability on the part of the company.

Payee Advices

All claims payments will be issued and payable to the policyholder.

Bank Details

Bank name

Sort Code

Swift Code

IBAN Code

Bank Address

Account Name

Account Number

Please Ensure

- 1 You have completed ALL relevant questions on the claim form.
- 2 You have enclosed all requested information/documentation.
- 3 You have signed this claim form.

Failure to do so will result in a delay in handling your claim.

Thank you for completing this form.

IMPORTANT

Please print and sign this form and return to:

Aon Underwriting Managers | Claims

Grosvenor House

65–71 London Rd

Redhill

Surrey

RH1 1LQ

t +44 (0)1737 783 740 | f +44 (0)1737 783 741

Or scan and email to: **aum.claims@aon.co.uk**