

**COMPUTER/ELECTRONIC/LOW VOLTAGE EQUIPMENT  
CLAIM FORM**

**Policy No:** \_\_\_\_\_ **Claim No:** \_\_\_\_\_

**Insured:** Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Tel. No. \_\_\_\_\_ Business \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

1. When and where did the loss or damage occur? Date \_\_\_\_\_ Time: \_\_\_\_\_  
 mm/dd/yy am / pm  
 Address \_\_\_\_\_

2. State the full circumstances of the loss or damage.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Have you notified the Police? YES  NO   
 If 'YES', please state  
 Date of notification \_\_\_\_\_ Police Station Reported to \_\_\_\_\_  
 Police Officer's name & number \_\_\_\_\_

4. Are you the sole owner of the equipment lost or damaged? YES  NO   
 If 'NO', give full details of other interests \_\_\_\_\_

5. Were there at the time of the loss or damage any other existing Insurance on the said equipment with any other Insurer, whether effected by you and/or any other person?  
 If 'YES', give full details of other interests \_\_\_\_\_

6. Have you sustained any loss during the last five years in respect of the risks insured by this Policy? YES  NO   
 If 'YES', give full details \_\_\_\_\_

**THE DETAILS REQUIRED OVERLEAF MUST BE GIVEN**

7. Please include details of item(s) lost or damaged below

ITEM NO	DESCRIPTION MAKE, MODEL & SERIAL NUMBER	DATE OF PURCHASE	PURCHASE PRICE	ACTUAL (MARKET) VALUE	VALUE OF SALVAGE	NET AMOUNT CLAIMED

8. Are any of above item(s) subject to following?

(i) Manufacturer's guarantee YES  NO

If "YES", give full details \_\_\_\_\_

(ii) Maintenance contract YES  NO

If "YES", give full details \_\_\_\_\_

(iii) Leasing agreement YES  NO

If "YES", give full details \_\_\_\_\_

I/We declare that the above is a true and accurate statement and that the articles mentioned above, being my/our equipment and insured under the above Policy or Policies, were lost or damaged by the stated occurrence according to the extent and values detailed above, and I hereby claim from **GUARDIAN GENERAL INSURANCE LIMITED** the sum of \$ \_\_\_\_\_

Date \_\_\_\_\_  
mm/dd/yy

Signature of Insured \_\_\_\_\_

Please note the following documents may be required in the event of claim.

- Copy of original purchase invoice for the item
- Replacement quotation or invoice
- Technician Report on the damaged item
- Estimate for repairs (if applicable)