



Notification of Loss or Damage for Electronic Equipment Insurance

The issuing of this form is not to be taken as an admission of liability by the Insurers

Policy No.: Claim No.:

Intermediary:

Name of Insured:

Address:

Tel/Mobile No(s): E-mail:

I.D. Card/Co. Reg. No.:

Situation of premises or place where loss or damage occurred:

Date of occurrence: Time: a.m./p.m.

Notice first given to the Insurer? To whom: By whom?

Details of any witnesses:

How did the damage occur and what was the probable cause?

If available, please furnish a loss report drawn up by the maintenance firm or supplier

Item(s) damaged:

Item no.(s) in Specification: Sum Insured:

Name and Year of Manufacture:

Model/s & Serial no. (Please give full details):

Has the manufacturer's guarantee period for the damaged item/s expired? Yes No

Description of damaged item/s
(capacity, rpm, weight, etc.):

Are the damaged items also
insured with another company?

Yes No
If so with which:

In the event of damage to tubes or valves for X-ray equipment:

Age in months:

Previous usage
(No. of shots):

Hours of operation (for depth
therapy):

In the event of losses caused by burglary, theft, fire, traffic accidents:

Which police station
did you notify of the incident?

By whom will the damaged items
be repaired:

Address:

Tel/Mobile No(s):

E-Mail:

Estimated repair period:

What are the estimated repair costs*

In the event of third parties having caused the loss:

Who was to blame for the loss?

Give full details of witness

* Please enclose copy (copies) of repair estimate(s), which should show a breakdown into material costs, labour charges – including man-hours worked – and freight charges

Data Protection Notice

The Company (Atlas Insurance PCC Limited) implements strict controls over all electronic and manual personal data. All data will be treated with the utmost confidentiality. Processing of personal data will relate to the underwriting/endorsing of this policy; processing of claims; detecting, preventing and suppressing fraud and the keeping of statistics. The Company may exchange certain information with your broker, sub-agent, appointed experts, other insurers or the Malta Insurance Association for these purposes. You may also request access to and rectification of your personal data by writing to Atlas Insurance PCC Limited.

NOTE:

Correspondence and claims. All communications and claims received by you concerning the incident are to be forwarded immediately to Atlas without acknowledgement to the sender.

Signature of Insured: _____

Date: _____

Name (in BLOCK Letters): _____