



Notification of Loss or Damage for Electronic Equipment Insurance

Policy No.:

Claim No.:

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

You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the claim submitted hereunder may be declined.

We are committed to protect the personal data submitted by and collected from you. For further details, please refer to our "Data Privacy Notice" published in our website.

A. DETAILS OF INSURED

| |
|------------------------------|
| Name and address of insured: |
| Location of the object: |

B. LOSS OR DAMAGE OCCURENCE

| |
|---|
| When did the loss or damage occur? Time: <input type="text"/> am/pm Date: <input type="text"/> dd/mm/yy |
| Are there any witnesses? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give names, professions and addresses) |

C. DAMAGED ITEMS

| |
|---|
| Which item was damaged? (If more than one scheduled item is affected, please complete one form per item) |
| Name of manufacturer, type of machine: |
| Year of manufacture, serial number: (Please give full details as on manufacturer's plate) |
| Description of damaged item (capacity, r.p.m., weight, etc): |
| Are the damaged items also insured with another company? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give name of the other company and scope of cover) |

D. DAMAGE AND LOSSES

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

(Please attach sketches, photos, etc. Where damage to EDP system is involved, please furnish a loss report drawn up by the maintenance firm or supplier)

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):

E. REPAIRS

How will the damaged items be repaired, by whom and where?

Please indicate estimated repair period:

What are the estimated repair costs?

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

In the event of third parties having caused the loss

Who was to blame for the loss?

(If possible, please give full address of witnesses)

F. INSURED'S BANK DETAILS

Name (as per bank account):

NRIC/Passport/Birth Cert. No.:

Email:

Bank Account No.:

Name of Bank:

Bank SWIFT Code:

Bank Branch/Address:

G. INSURED'S DECLARATION

I hereby declare that I have answered the above questions conscientiously and truthfully.

Signature:

Date:

dd/mm/yy