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

Polic	cy No:	Claim No:							
Insu	red: Name								
	Address								
		Business							
	E-mail Address								
1.	When and where did the loss or damage occur? Date	e Time: mm/dd/yy am / pm							
		ппп/аалуу апт / рпп							
2.	State the full circumstances of the loss or damage.								
3.	Have you notified the Police?	YES NO							
	If 'YES', please state								
	Date of notificationPolice Station Reported to								
	Police Officer's name & number								
4.	Are you the sole owner of the equipment lost or damag								
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 by this Policy?	YES NO NO							
	If 'YES', give full details								

THE DETAILS REQUIRED OVERLEAF MUST BE GIVEN

ITEM NO	DESCRIPTION MAKE, MODEL & SERIAL NUMBER	DATE OF PURCHASE	PURCHASE PRICE	ACTUAL (MARKET) VALUE	VALUE OF SALVAGE	NET AMOU CLAIME				
8. Are any of above item(s) subject to following?										
(i)	Manufacturer's guarantee	J			VI	ES 🗆	NO 🗆			
(1)	If "YES", give full details				11	-5 LJ	NO LI			
	ii 120 , givo idii dotallo									
(ii)	Maintenance contract				YE	ES□	NO 🗆			
	If "YES", give full details									
(iii)) Leasing agreement					ES□	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 \$										
Det			0							
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)