

Claim Form

# Computer Insurance

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Allianz Insurance plc | Engineering



Please Complete this Form in Block Capitals

## Insured

Name	<input type="text"/>		
Policy No.	<input type="text"/>	Claim No.	<input type="text"/>
Address	<input type="text"/>		Postcode <input type="text"/>
Contact Name	<input type="text"/>	Tel. No.	<input type="text"/>

## Details of occurrence

When did loss, damage or corruption occur?	Date <input type="text"/>	Time <input type="text"/>
When was loss, damage or corruption discovered?	Date <input type="text"/>	Time <input type="text"/>
Where did loss, damage or corruption occur?	<input type="text"/>	
Who discovered loss, damage or corruption?	<input type="text"/>	

## Property lost, damaged or corrupted

Please give a full description of property loss, damaged or corrupted. Include all known details e.g. Make, Model, Serial No.

## Equipment

Please supply a copy of original purchase invoice for any equipment lost and an estimate for its replacement by equipment to a similar specification.

Where damage has been sustained, describe damage and provide an estimate for repair.

Do you own the equipment?

Yes

No

If **No**, provide details

## Details of loss, damage or corruption

Describe how loss, damage or corruption occurred

If loss, damage or corruption was caused by someone other than an employee please give details. Have they been held responsible?

## Witnesses

Name and addresses of any witnesses

## Damaged property examination

Where can the damaged property be examined?

Contact Name

Tel. No.

Is there a maintenance agreement in force which provides for the replacement of parts and labour?

Yes

No

If **Yes**, please provide details

## Theft or Fire

In the event of theft or fire. Please provide name and address of police/fire station informed

Date of notification

Crime/user Reference No.

What other steps have been taken to find the guilty person?

Has a thorough search been made for the missing property?

Yes

No

Is there any evidence of forcible and violent entry or exit?

Yes

No

If **Yes**, please provide details

**In the event of loss or damage please answer the security questions**

## Security

Are the Premises fitted with a fully operating Intruder Alarm System?

Yes

No

Is the alarm installer and maintainer approved by the National Security Inspectorate (NSI) or the Security Systems and Alarms Inspection Board (SSAIB)?

**Yes**

No

If **Yes** please attach a copy of the Certificate to this claim form and if not shown on the Certificate advise below the level of certification held by the installer/maintainer (e.g. NIS NACOSS Gold or NSI Systems Silver or SSAIB - UKAS only or UKAS plus ISO 9000 accreditation)

Does your Intruder Alarm System signal activate an Alarm Receiving Centre?

**Yes**

No

If **Yes** what means of signalling is employed? (e.g. BT RedCARE or BT RedCARE GSM, Dualcom or Dualcom Plus or Digicom only?)

Does your Intruder Alarm System comply with all the requirements of Association of Chief Police Offices (ACPO) Intruder Alarm Policy and where required provides confirmed alarms using confirmation technology?

Yes

**No**

If **No** please advise why

When was the Intruder Alarm System last maintained?

Was the alarm set in its entirety at the time of the theft?

Yes

No

Are the premises protected out of business hours by:

**a** static security guard(s) no patrols undertaken?

**Yes**

No

**b** on site security guard(s) who undertake regular patrols?

**Yes**

No

If the answer to **a** or **b** is **Yes** please provide details of the guard(s) employer and tasks and responsibilities.

## Security

*Continued*

Are all external doors and any internal doors giving access to other parts of the premises not in your sole possession

- a fitted and secured out of business hours by a mortice deadlock and box striking plate conforming to BS3621?
- b in case of locks having a cylinder mechanism fitted and secured out of business hours with a cylinder guard?
- c in case of hollow section frames (aluminium or upvc), fitted and secured out of business hours with box reinforced armoured striking plates?

Yes  No

Yes  No

Yes  No

Are key operated locks fitted and secured to all accessible opening windows out of business hours?

Yes  No

Are lock down plates or enclosures fitted to your equipment?

**Yes**  No

Is the property marked with any other security device to aid identification?

**Yes**  No

If **Yes**, please provide details

What steps have you taken to prevent a recurrence?

**Warning: Repeat thefts are common and urgent steps should be taken to improve security before new equipment is installed.**

## Data media

Does the claim include the cost of recompiling information onto data media?

**Yes**  No

If **Yes**, please provide full details giving total time to input and hourly rate

When was the media last backed up?

Was back up stored off site?

## Dongles

Did the theft involve the loss of any dongles?

**Yes**  No

If **Yes**, were these stored away from the computer at the time of the theft?

## Additional expenses

Will additional expenditure be incurred to maintain Computer function?

**Yes**  No

If **Yes**, please provide full details

## Other insurances

Are there any other insurances (whether in your name or not) covering the loss, damage or liability?

Yes  No

If **Yes**, please provide full details

## VAT registration

Are you registered for VAT purposes? Yes  No

If **Yes**, can you

**a** recover in full the VAT? Yes  No  **b** recover only a percentage? Yes  No  If **Yes**, what percentage?  %

I/We declare that this is a full and accurate statement according to my/our information and belief. I/We therefore claim the sum of £  as the amount due to me/us in respect of the loss of or damage to the property detailed.

I/We also declare that no person(s) has/have an interest in the property lost or damaged other than as stated herein.

## Damaged Property

The damaged property should be protected from further deterioration, but should not be disposed of until permission is given by the Company or the Appointed Adjusters.

## Notice

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

## Data Protection Notification

We may use personal and business details you give us, or which are supplied by third parties, to consider your claim, to search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EU. They will at all times be held securely and handled with the utmost care in accordance with all principles of UK law. We will store such personal details on the computer but will not keep them longer than necessary. Under the terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them.

Information may also be supplied to registers of lost or stolen property.

## Very Important – Fraudulent and Exaggerated claims

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is **true and correct** to the best of your knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of your policy.

If you are in any doubt as to whether a fact is material, **you must disclose it**.

**Failure to do this may mean that your policy becomes invalid and a claim payment will not be made.**

I/We understand that you may seek information from other insurers to check the answers I/We have provided. This report is made in the **bona fide** belief that litigation may ensue and to enable solicitors and/or agents to advise and to conduct such litigation in relation thereto.

Signature of Insured

Date