



Star Assurance

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ELECTRONIC EQUIPMENT CLAIM FORM

A. POLICY HOLDER

- i. Name of policyholder: -----
- ii. Address: -----
- iii. Policy number: -----
- iv. Email address -----
- v. Telephone no.: -----
- vi. Mobile number -----

B. NOTIFICATION OF LOSS (MATERIAL DAMAGE)

Give a description of the damaged, destroyed or stolen unit:

- i. Manufacturer: -----
- ii. Year of manufacture: -----
- iii. Model: -----
- iv. Identification/ Serial number: -----
- v. Item no. in the policy schedule: -----
- vi. Date of loss event: -----
- vii. Time of day -----
- viii. Where did the damage occur? -----
- ix. What were the circumstances leading to the loss? (Please supply a detailed description, if necessary, on a separate sheet). -----

- x. How the damage was first noticed? -----

xi. Was one particular event directly responsible for the loss? -----

xii. Name, address, telephone number of any witness: -----

xiii. Was the equipment in use? ----- By whom? -----

xiv. State whether the item damaged was under the any guarantee from Supplier/ Manufacturer
repairer. If so, the nature of Guarantee and the period. -----

xv. Details of items affected:

SL NO	DESCRIP. OF EQUIPMENT	MAKER NAME	YEAR OF MAKE	SL. NO/MACHINE NO	SUM INSURED	DATE OF LAST MAINTENANCE	EXPIRY OF AMC/WARRA NTY	COST OF REPAIR/ REPLACEMENT

xvi. Who carried out the repair work? (Name, address, telephone number)

xvii. Where and when can the damaged equipment be inspected?

xviii. Estimated cost of repairs? (Please attach repairer's report)-----

xix. State salvage value of the damaged equipment(if any) -----

xx. Are the units or damaged parts still covered under a warranty? -----

xxi. Name and Address of third Party (if any) -----

xxii. Has the affected equipment undergone any repairs previously?

If "Yes", please indicate the detail of such repairs below:

Date of repair	Nature of repair	Parts affected	Cost of repair

xxiii. Was the incident reported to the police? ----- Which Police Station? -----

xxiv. Has the equipment been insured with another Company? -----

xxv. If so, what perils have been covered -----

xxvi. Name and address of Insurance Company/Policy No. -----

C. ADDITIONAL QUESTIONS FOR DAMAGE TO EXTERNAL DATA MEDIA

i. Details of damaged machine (attach list if necessary):

Make: ----- Type: -----

Model: ----- Serial No.: -----

Year of manufacture: -----

ii. Was any data lost? -----

iii. What was the nature of the data?: -----

iv. What caused the data loss?: -----

v. What is the reinstatement cost? ----- vi.

What time did the equipment fail? ----- a.m./p.m.

vii. Where the items were stored at the time of loss: -----

viii. What is the material cost for the damaged data media: -----

ix. What is the cost for reproducing the lost data: -----

(Please attach detailed working)

Was any software lost or damaged?

x. If so, what was it? -----

xi. Location of damaged data: -----

D. ADDITIONAL QUESTIONS FOR INCREASED COST OF WORKING

i. List of equipments hired: -----

ii. Amount claimed towards increased cost of working: -----

(Please attach detailed working)

Declaration

I /we hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete. If the answers to all or any of the above questions have been written by others at my/our dictation or instruction i/We have read those answers and that they are correct and that such person completing this form on my/our dictation or instruction for this purpose will be regarded as my/our agent.

Signature of claimant: -----

Date: -----