



Middlesea Insurance p.l.c.

Middle Sea House, Floriana, Malta - Postal Address: P.O. Box 337 Marsa, GPO 01, Malta
Tel: 21 246262 - Fax: 21 248195 - E-mail: middlesea@middlesea.com - Website: <http://www.middlesea.com>

ELECTRONIC EQUIPMENT INSURANCE POLICY CLAIM FORM

POLICY HOLDER

1. Name _____
2. Address _____

3. I.D. Card No. _____
4. Business/Occupation _____
5. Telephone Number _____
6. Telefax Number _____
7. VAT Registration No. _____
8. VAT Status _____
9. Policy Number _____
10. If you are an interested party please write in your name _____

NOTIFICATION OF LOSS (Electronic Equipment Insurance - Material Damage Cover)

IMPORTANT NOTES

Give detailed replies to all questions as far as possible. Give detailed replies to all questions we have marked with an 'X'. Each and every case of loss should be reported to Middle Sea Insurance p.l.c. immediately. Remember that you are obliged by law to limit the extent of damage as far as possible, and to provide us with an original of all invoices covering repairs together with all service reports and estimates.

1. Give a description of the damaged, destroyed or stolen unit _____
Manufacturer _____ Year of Construction _____
Model _____ Unit Code No. _____
Item No. in the Equipment Schedule _____
2. Date of loss event _____ Time of day _____
Where did damage occur? _____
3. What were the circumstances leading to the loss? How was damage first noticed? Was one particular event directly responsible for the loss? (Please supply a detailed description, if necessary, on a separate sheet)

4. Did anyone witness the loss event, or is anyone able to supply relevant information? (Name, address, telephone number)

5. **ONLY TO BE COMPLETED IN THE CASE OF MATERIAL DAMAGE (NOT IN THE CASE OF THEFT/BURGLARY)**
 - 5.1 Provide a description of the actual loss event. (Were there any signs of damage and, if so, what were they and what were the circumstances?)

 - 5.2 Who carried out the repair work? (Name, address, telephone number)

 - 5.3 Where and when can the damaged equipment be inspected? _____

5.4 What repair costs are involved, or what is estimated? _____

5.5 ONLY TO BE COMPLETED IF DAMAGE HAS BEEN CAUSED TO TUBES (e.g. X-ray tubes, image intensifier tubes, supercontrol tubes, TV-pick-up tubes)

Age of tubes (in months) _____ No. of hours in use _____

Number of pictures/scans taken _____

5.6 Are the units or damaged parts still covered under a Warranty? Yes No

Can the damaged parts be repaired under a maintenance contract? Yes No

Were credits either allowed for replacement spare parts or the possibility of allowing them discussed? Yes No

If so, to what extent? _____

6. Has the unit been assigned over to either a bank, leasing company or lessor, as a security measure, or have claims for damages been transferred? Yes No

Will claims be enforced on this basis? Yes No

If so, by whom? (supply name, address of claimant) _____

7. ONLY TO BE COMPLETED IF DAMAGE HAS BEEN CAUSED BY THIRD PARTIES

Name and Address _____

8. ONLY TO BE COMPLETED IN CASE OF THEFT OR DAMAGE CAUSED BY FIRE, EXPLOSION, BURGLARY, THEFT, ROBBERY AND ROAD ACCIDENTS

8.1 Which police station was notified after the loss event? _____

8.2 Which magistrate is carrying out investigations (where possible, include official notification)?

9. Has the equipment been insured with another company? Yes No

If so, what perils have been covered? _____

Name and Address of Insurance Company/Policy No. _____

• Please note that should the information given in this form may be in any way incomplete or questions have not been answered to their fullest extent, this may lead to the loss of any claim for indemnification.

• The policyholder herewith declares that, on the basis of his signature, all above statements are, to the best of his knowledge, true, and verifies that the above is both accurate and correct.

IMPORTANT NOTE:

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all of the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

SIGNATURE _____

DATE _____