

EQUIPMENT CLAIMS FORM

Please return completed form to:

Email: contact@protectivity.com

INSURED: _____

VAT REGISTERED: YES / NO

POLICY NO: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

EXACT LOCATION:

PART 1: INSURED PERSON DETAILS

NAME: _____

ADDRESS: _____

TELEPHONE NO: (HOME) _____ (BUSINESS) _____ (MOBILE) _____

EMAIL: _____

PART 2: PROPERTY LOST, DAMAGED OR STOLEN

DESCRIPTION OF PROPERTY LOST OR DAMAGED:

VALUE OF PROPERTY LOST OR DAMAGED: _____

AGE OF PROPERTY: _____

FULL DETAILS OF EVENT (continue on separate sheet if necessary):

IF THE CLAIM IS FOR THEFT OR DAMAGE BY MALICIOUS PERSONS:

AGE OF PROPERTY: _____

ADDRESS OF POLICE STATION REPORTED TO:

CRIME REFERENCE: _____

DATE REPORTED: _____

RECORD OF INCIDENT: Video/closed circuit Photo None

I/WE DECLARE THAT THESE PARTICULARS ARE TRUE TO THE BEST OF OUR KNOWLEDGE:

NAME (BLOCK CAPITALS)

SIGNATURE:

DATE: