

# EQUIPMENT CLAIMS FORM

Please return completed form to:

Email: [contact@protectivity.com](mailto:contact@protectivity.com)

INSURED: \_\_\_\_\_

VAT REGISTERED: YES / NO

POLICY NO: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

EXACT LOCATION:

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## 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:

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VALUE OF PROPERTY LOST OR DAMAGED: \_\_\_\_\_

AGE OF PROPERTY: \_\_\_\_\_

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

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

AGE OF PROPERTY: \_\_\_\_\_

ADDRESS OF POLICE STATION REPORTED TO:

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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: