

ELECTRONIC EQUIPMENT INSURANCE CLAIM FORM



(THE ISSUANCE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY BY THE INSURER)

Insured's Name	
Address	
Phone	
Policy No.	
Period of Insurance	
Claim No.	

Notification of Physical Loss or Damage

1. Description of lost/damaged Unit.

Capacity	Serial No	Year of manufacture	Model	Make	Name
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- (a) Its item number in the Policy Schedule.
- (b) Its separate Sum Insured
- (c) Its new replacement value.

2. Date and time of loss/breakdown/accident

3. Describe the occurrence. [Also, please attach Police /Fire Brigade report; if the loss is due to theft, fire, traffic accident, malicious damage etc.]

4. Cause of loss/breakdown/accident

5. Name and address of the witnesses of the occurrence.

6. Details of loss. [Please attach supporting photos, service report, etc.]

7. Are the affected items under any Guarantee, from Supplier/ Manufacturer/ Repairer? If so, furnish details.

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Damaan Islamic Insurance Company – Beema (Q.P.S.C)

CR: 43652 Tel (+974) 44050555 Fax: (+974) 44050505

P.O. Box 11068 Lusail – Qatar, Paid up Capital QR 200,000,000

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8. Did the life of the affected item limited, depending up on its use? If so, give details and indicate the no. of working hours completed /shots used.	
9. Did the affected item (s) sustain any damage/ breakdown earlier? If so, give particulars of previous event(s) with details of repairs executed.	
10. Furnish details of nature and Cost Estimate of repairs / replacement and the repair period.	
11. Have the repairs put in hand? Give name and address of the repairers.	
12. State salvage value of the damaged item/s.	
13. Where the damaged items can be inspected?	
14. Are there any other insurance covering the loss or any part thereof? If yes, give details.	
15. State other particulars relevant to the loss, if any.	

The undersigned Insured declares that the foregoing particulars are true and correct.

Place:
Date:
Insured's seal and Signature.

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