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NICO INSURANCE ZAMBIA LIMITED

ELECTRONIC EQUIPMENT CLAIM FORM

Notification of Loss or Damage for Electronic Equipment Insurance

Claim Number

Policy Number

The issuing of this form is not to be taken as an Admission of Liability by the Insurer.

1. Name of the Insured: _____

Address: _____

Location of the Object: _____

Occupation: _____

Period: _____

Last Premium Payment: _____

Telephone No: _____ Fax No _____

E- mail Address: _____

When did the Loss or Damage occur? Time: _____ Date: _____

When was notice first Given to the Insurer? To whom? _____

By Whom? _____

Are there any witnesses? Yes/No

If so, please give Names, Professions and Addresses.	1.	Box	Tel No
	2.	Box	Tel No.
	3.	Box	Tel No.
	4.	Box	Tel No.

Name and Address of Surveyor: _____

Which item were damaged? _____

Item No. in specification of Policy Schedule: _____

Sum Insured: _____

Name of Manufacturer
And Type of Machine: _____

Year of Manufacture _____

Serial Number: _____

(Please give details as on manufacturer's plate)

Description of damaged item: _____

(Capacity, rpm, weight, etc)

Are the damaged items also Insured with another Company? Yes/No

If so, with which? _____

Scope of Cover: _____

(If more than one scheduled items is affected, please complete one form per item)

How did the Damage/Loss occur? _____

And what was the probable cause? _____

Please attach sketches, photos, etc

Where damage to EDP Systems is involved,
Please furnish a Loss Report drawn up by the
Maintenance Firm or Supplier. _____

In the event of damage to Tubes or Valves for X-Ray Equipment. Age in months _____

Previous usage (No of shots) _____

Hours of operation (for Depth Therapy)

In the event of Losses caused by Burglary, Theft, Fire, Traffic Accident: Which Police Station did you notify of the incident? _____

File reference used by Public Prosecutor's Office

In the event of damage to
Radio Equipment

Serial No. of Damaged Equipment

Licence No(s) of the other vehicle(s) involved in
the Accident

File reference used by Public Prosecutor's Office

In the event of damage to
Traffic signals

Name and full Address of the person who caused the Accident

Licence No(s) of the car (s) involved in the accident

Third Party Liability Insurer of the
Person(s) who caused the accident:

How will the damaged items be
Repaired, by whom and where?

Please indicate Estimated Repair Period.

What are the Estimated Repair Costs?

In the event of Third Parties
Having caused the Loss:

Who was to blame for the Loss

If possible, please give the full Address of Witnesses

Who is authorised to receive
The indemnity?

Bank

Account No.

Please enclose copy (copies) of Repair Estimate(s), which should show a breakdown into material costs, labour charges – including man-powers worked – and freight charges

The undersigned Insured declares that he has answered the above questions Conscientiously and Truthfully

Executed at Date Signature of Insured

If Limited Company please give status of signatory and affix Official Stamp.

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