



askari general insurance co. ltd.

4th Floor, AWT Plaza, The Mall, Rawalpindi PAKISTAN. Ph: 9272425-7 Fax: 9272424

Notification of Loss or damage for Electronic Equipment Insurance

Claim No.

Policy No.

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

1. Name and address
of Insured

Location of the object

Leading Insurer

Period

Last premium payment

2. When did the loss or
damage occur?

Time:

Date:

When was notice first given
to the Insurer?

To whom?

By whom?

3. Are there any witnesses?

yes

no

If so, please give names,
professions and addresses.

4. Name and address of surveyor

5. Which item was damaged?¹

Item No in Specification
of Policy Schedule

Name of manufacturer,
type of machine

Year of manufacture, serial
number
(Please give full details as
on manufacturer's plate.)

Description of damaged
item (capacity, rpm,
weight, etc)

6. Are the damaged items
also insured with another
company?

If so, with which?

Scope of cover

1. If more than one scheduled items is affected, please complete one from per item.

<p>7. How did the damage 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.</p>	
<p>8. In the event of damage to tubes or valves for X-ray equipment:</p>	<p>Age in months _____</p> <p>Previous usage (No of shots) _____</p> <p>Hours of operation (for depth therapy) _____</p>
<p>9. In the event of losses caused by burglary, theft, fire, traffic accidents:</p>	<p>Which police station did you notify of the incident? _____</p> <p>File reference used by Public Prosecutor's Office _____</p>
<p>10. In the event of damage to radio equipment:</p>	<p>Serial No of damaged equipment _____</p> <p>Licence No(s) of the other vehicle(s) involved in the accident _____</p> <p>File reference used by Public Prosecutor's Office _____</p>
<p>11. In the event of damage to traffic signals:</p>	<p>Name and full address fo the person who caused the accident _____</p> <p>Licence No(s) of the car(s) involved in the accident _____</p> <p>Third Party Liability Insurer of the person(s) who caused the accident _____</p>
<p>12. How will the damage items be repaired, by whom and where? Please indicate estimated repair period.</p>	
<p>13. What are the estimated repair costs??</p>	
<p>14. In the event of third parties having caused the loss:</p>	<p>Who was to blame for the loss? (If possible, please give the full address of witnesses) _____</p> <p>_____</p>
<p>15. Who is authorized to receive the indemnity?</p>	<p>Bank _____ Account No _____</p>

Please enclose copy(copies) of repair estimate(s), which should show a breakdown in to material costs, labour charges - including man - hours worked - and freight charges.

The undersigned Insured declares that he has answered the above questions conscientiously and truthfully.

Issued at _____ this _____ day of _____ 20____
Signature _____