

The Robbins Building, Albert Street, Rugby, CV21 2SD

Telephone: 01788 563111 Fax: 01788 563123 www.compucover.co.uk

1. To ensure your claim is dealt with as quickly as possible, please complete this form in full, sign where indicated and return it immediately.
2. Your claim will be delayed if you do not complete ALL relevant sections.
3. All claims must be referred to the Claims Administrators before you take any action. Failure to do so will invalidate your claim.
4. For a claim that is not capable of repair e.g. following theft the Claims Administrators will instruct our authorised supplier to arrange replacement to comply with general conditions 2 (basis of settlement) of the Certificate.

Policy Number:

Where did you purchase your equipment from:

Purchase Date of Equipment:

Purchase Date of Insurance:

WARNING: If in the course of claim validation, misrepresentation of the facts is discovered we will consider this as fraud. Details of all such cases will be passed to the appropriate agencies for action.

Section 1: Name of insured

Title:	Name:
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Company/School: (if applicable)

Address:
Postcode:

Telephone: Daytime	Home
Mobile	e-mail

Section 2: Damage (please ensure all data on the hard drive is backed up prior to collection)

Who was in charge of the equipment when damage occurred:
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Explain the full circumstances of how the damage occurred:
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Date and time when the damage occurred:

Explain the full circumstances of where you and the equipment were located at the time of the incident:

Date, time and by whom the damage was discovered:

Explain the full circumstances of what damage has occurred:

Section 3: Theft

Who was in charge of the equipment when the theft occurred:

Date and time the theft occurred:

Explain the full circumstances of where you and the equipment were located at the time of the theft:

Date and time when it was discovered:

Do your suspicions rest on anyone? If so, on whom?

Explain the full circumstances of the date, time and location when the equipment was last seen:

In all cases the Police must be advised within 24 hours. Please state the following:

* Name of Police Station		* Date reported	
* Tel No. of Police Station		* Police Crime Number	

*N.B. Failure to provide will invalidate claim.

Section 4: Full description of property damaged or stolen - including serial number(s)

Section 5: Is there any other insurance covering the property concerned YES/NO

If YES, please supply details

Section 6: Are you a taxable company for VAT purposes? YES/NO

If yes, can you recover the value added tax which will be included in the cost of repairing or replacing the property for which you are claiming? If not, please state % and reason

DECLARATION: The information I have provided is true and accurate to the best of my knowledge. I understand that CompuCover may ask for further information in support of my claim. I agree to provide any further information if requested. I understand CompuCover may share information with other insurance providers in order to prevent fraudulent claims.

Please tick this box to confirm you have read the declaration

Signature: _____

Date: _____