



# Phoenix

## Of Swaziland Assurance Company Ltd.

P.O. Box A113 Swazi Plaza, Mbabane H101, Swaziland  
Email: [info@phoenixswaziland.com](mailto:info@phoenixswaziland.com)

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### ELECTRONIC EQUIPMENT CLAIM FORM

#### Notification of Loss or Damage for Electronic Equipment Insurance

Claim Number .....

Policy Number .....

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

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1. Name of the Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Location of the Object: \_\_\_\_\_

Occupation: \_\_\_\_\_

Period: \_\_\_\_\_

Last Premium Payment: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No \_\_\_\_\_

E- mail Address: \_\_\_\_\_

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When did the Loss or Damage occur?      Time: \_\_\_\_\_      Date: \_\_\_\_\_

When was notice first Given to the Insurer?      To whom? \_\_\_\_\_

By Whom? \_\_\_\_\_

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Are there any witnesses? Yes/No

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

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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)

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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. \_\_\_\_\_

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

Previous usage (No of shots) \_\_\_\_\_

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Hours of operation (for Depth Therapy)

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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

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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

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In the event of damage to Accident Traffic signals

Name and full Address of the person who caused the

\_\_\_\_\_

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

\_\_\_\_\_

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

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

Please indicate Estimated Repair Period. \_\_\_\_\_

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What are the Estimated Repair Costs? \_\_\_\_\_

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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

\_\_\_\_\_

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Who is authorised to receive The indemnity? \_\_\_\_\_

Bank

Account No.

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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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