## **Computer Damage Report Form**

Allianz Insurance plc | Commercial

## Allianz 🕕

Ref No	(Please insert)
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Please complete and return this form to:

Obtain engineer's worksheet for the repairs (if IBM, ask for a Service Confirmation Voucher). Submit fully completed claim form with the original worksheet immediately. Send invoice on when received.

Policy H	older		
Name	Policy Number		
Address			
		Postcode	
Tel. No Home	Are you registered under the VAT regulations?	Yes	No

Address Stamp of Issuing Office

Equipmen	t				
Description					
Make	Model	Serial	No		
Date of purchase	Cost Pr	rice <b>£</b> Is there	e a maintenance agreement in force?	Yes	No
Is the equipment a	t the above address?			Yes	No
If <b>No</b> where is it?					
Please enclose conv of nurchase invoice if available					

TI	he	Fν	en	t
	IIC	LV	CI	IL

Date of loss, damage and/or breakdown				
If loss or damage give full details				
If breakdown describe symptoms or operating problems				

Do you know or can you suggest the likely cause?

How did the engineer describe the problem and its cause?

Have you suffered similar problems before?

If so please give details with dates

Name and address of repairers   Estimated cost of repair        <					
Did repairers attend on the site? Yes No If Yes please complete the following:					
Did repairers attend on the site? Yes No If Yes please complete the following:					
Did repairers attend on the site? Yes No If Yes please complete the following:					
Was overtime requested? Yes	No				
If <b>Yes</b> please say why overtime was necessary	NO				
Data Protection Notification					
We may use the details you have given to provide you with a quotation, deal with your policy, to search credit reference agencies who may keep a record search, to support the development of our business by including your details in customer surveys, and for market research and compliance business revi					
We may share your details with other companies within the Allianz group of companies or pass them to third parties so that we may tell you of products and services, which we think may interest you, by telephone, email or post. If you do not want to know about these products and services, please write to: Customer Satisfaction Manager, 57 Ladymead, Guildford, Surrey, GU1 1DB, United Kingdom. Under the Data Protection Act we can only discuss the details given with you.					
If you would like anyone else to act on your behalf please let us know. Your details will not be kept longer than is necessary. Under the terms of the Data Protection Act 1998, you are entitled to a copy of all the information Allianz Insurance plc holds about you. Your personal details may be					
transferred to countries outside of the EU. They will at all times be held securely and handled with the utmost care in accordance with all principles of th VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS	IE UN IdW.				
Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution. The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is <b>true and correct</b> to the best of your					
knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the					
terms of your policy. If you are in any doubt as to whether a fact is material, <b>you must disclose it</b> .					
FAILURE TO DO THIS MAY MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.					
I/We hereby declare that to the best of my/our knowledge and belief the foregoing statements are true and complete					
Signature of Policyholder Date					
Note: The Company does not admit liability by the issue of this form.					

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