

# Computer Damage Report Form

Allianz Insurance plc | Commercial



Ref No (Please insert)

Please complete and return this form to:

Address Stamp of Issuing Office

**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 Holder

Name	<input type="text"/>	Policy Number	<input type="text"/>
Address	<input type="text"/>		
		Postcode	<input type="text"/>
Tel. No Home	<input type="text"/>	Are you registered under the VAT regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Equipment

Description	<input type="text"/>		
Make	<input type="text"/>	Model	<input type="text"/>
		Serial No	<input type="text"/>
Date of purchase	<input type="text"/>	Cost Price £	<input type="text"/>
		Is there a maintenance agreement in force?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the equipment at the above address?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>No</b> where is it?	<input type="text"/>		

Please enclose copy of purchase invoice if available

## The Event

Date of loss, damage and/or breakdown	<input type="text"/>
If loss or damage give full details	<input type="text"/>
If breakdown describe symptoms or operating problems	<input type="text"/>
Do you know or can you suggest the likely cause?	<input type="text"/>
How did the engineer describe the problem and its cause?	<input type="text"/>
Have you suffered similar problems before?	<input type="text"/>
If so please give details with dates	<input type="text"/>

# Equipment

Have repairs been completed?

Yes  No

Name and address of repairers

Estimated cost of repair £  Please enclose copy of any written estimate

Did repairers attend on the site? Yes  No  If Yes please complete the following:

Date of Visit	Time Arrived	Time Left	Parts Replaced
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Was overtime requested?

Yes  No

If Yes please say why overtime was necessary

## 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 of the search, to support the development of our business by including your details in customer surveys, and for market research and compliance business reviews.

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 the UK law.

### VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

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 **true and correct** 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, **you must disclose it.**

### 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.**