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 Email amassurance-general@amg.com.my SMS Type Alert<space>message
Send to 012/016/019-2625378 (AmAlert)

Notification of Loss or Damage for Electronic Equipment Insurance

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

Policy No _____

1. Name and address
of insured _____Location of the Subject
Matter _____

Period _____

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 noIf so, please give names,
professions and addresses.

4. Name and address of surveyor _____

5. Which item was damaged ?

Item No in Specification
of Policy Schedule _____

Sum insured _____

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 _____

7. 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.

Four horizontal lines for providing the answer to question 7.

8. In the event of losses caused by burglary, theft, fire, traffic accidents:

Which police station did you notify of the incident ?

Two horizontal lines for providing the answer to question 8.

9. How will the damaged items be repaired, by whom and where ?

Please indicate estimated repair period

Two horizontal lines for providing the answer to question 9.

10 What are the estimated repair costs ?? (Please attach quotation)

11 In the event of third parties having caused the loss, (Third Party details)

Who was to blame for the loss ? (If possible, please give the full address of witnesses.

Two horizontal lines for providing the answer to question 11.

12 Who is authorized to receive the indemnity ?

Bank

Account No

Please enclose copy(copies) of repair estimate(s), which should show a breakdown into 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 :

Designation :

Company's Chop :