



AC and E Engineering Underwriting Managers (Pty) Ltd - Acting on behalf of New National Assurance Company Limited, FSP 2603 under a claims handling mandate
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 Telephone: 011 615 7529 | Facsimile: 011 615 9360 | www.engineeringace.co.za

ELECTRONIC EQUIPMENT CLAIM FORM

To enable us to resolve your claim within the shortest possible time please ensure that this form is completed in detail.

Broker: _____

Policy: _____

1. Details of Insured:

Insured Name: _____

Business address: _____

Insured Contact Person: _____ Cell No: _____

Telephone No: _____ E-Mail: _____

2. Details of Equipment

Item No. on Policy Schedule: _____

Make and Model of Equipment: _____

Serial No.: _____

Age of Equipment: _____

New Replacement Value: _____

***Please supply quotation to verify the above**

Was the equipment hired-in or hired-out at the time of the event: _____

If applicable, please advise what measures are in place to maintain the equipment:

Does any other party have interest in the insured property e.g. credit agreement: _____

If yes, please supply full details of the party: _____

Is there any other insurance covering this loss/damage: _____

If yes, please supply full details of the Insurer concerned: _____

3. Details of Loss/Damage:

Date and time of loss/damage: _____

Detailed description of how the loss occurred:

***Please include repairers/experts report.**

Place where loss damage occurred: _____

4. Declaration

I / We warrant that the foregoing information provided is true and correct, and that no information has been withheld in respect of the loss / damage. I / We undertake to advise AC & E Underwriting Managers in writing in the event of any changes to supplied information, and in the event of the recovery of any part of the property forming the subject of this claim.

Full Name: _____ Capacity: _____

Signature: _____ Date: _____