

Electronic Equipment Claim Form & Procedure

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

AC&E Policy Number:	
Broker Name:	

1. Details of Insured:

Insured Name:				
Business address:				
VAT Vendor:	Yes	No	VAT Reg No.:	
Insured Contact Person:			Cell No.:	
Telephone No.:			Email address:	

2. Details of Equipment:

Item No. on Policy Schedule:	
Make and Model of Equipment:	
Serial No.:	
Age of Equipment:	
New Replacement Value of Equipment: *Please supply quotation to verify the above	
Was the Equipment hired-out / on lease at the time of the event?	
If applicable, please advise what measures are in place to maintain the Equipment?	
Does any other party have an 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:	

Managing Director: Anne-Marie Fourie
An Authorised Financial Service Provider – FSP 43281

Acting on behalf of the Insurer New National Assurance Company Limited, FSP 2603 under a claims handling and underwriting mandate.

Insurer VAT No.: 4380101289

POPIA Notice: The information requested and provided will be solely used to assess risk or finalise the claim

3. Details of the Loss/Damage:

3.1 Date and time of loss/damage: _____

3.2 If the claim is reported after 14 days of the date of loss, please provide reasons for the late notification of the claim:

3.3. Detailed description of how the loss occurred (*Please include repairer/expert's report, if available):

3.4 Claim estimate (Please submit breakdown of claim, if available): _____

3.5 Place/location (GPS coordinates / Street address) where loss / damage occurred:

3.6 Current location of damaged equipment (if applicable): _____

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A C and E Engineering Underwriting Managers (Pty) Ltd

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Company Registration Number: 2009/015923/07 | VAT Registration Number: 4020257368

Tel. No.: 011 615 7529 | Fax: 011 615 9360 | Website: www.engineeringace.co.za

4. Reinstatement of Data (if stated on the Policy):

4.1 Please confirm if a claim for Reinstatement of Data will be submitted: Yes ☐ No ☐

4.2 If yes, please provide an estimate of the claim: _____

5. Increased Cost of Working (if stated on the Policy):

5.1 Please confirm if a claim for Increased Cost of Working will be submitted: Yes ☐ No ☐

5.2 If yes, please provide an estimate of the claim: _____

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ELECTRONIC EQUIPMENT CLAIMS PROCEDURE: *

1. Electronic Equipment claims should immediately be reported to Insurers or **within 14 days of the loss occurring by the latest**, with a completed claim form providing the nature and the extent of the loss or damage.
2. Please ensure that the completed AC&E Electronic Equipment Claim Form includes the following information to enable us to register the claim:
 - a. An identifiable date of loss;
 - b. Identify the item(s) on the policy schedule;
 - c. Detailed description of how the loss and/or damage occurred, including photos evidencing the damage; and
 - d. The claim form must be signed by the Insured.
3. Our claim number and list of requirements shall be issued upon receipt of the duly completed claim form.
4. Due to the specialized nature of EE claims, the appointment of an assessor shall be in the discretion of the Insurers (generally only if the claim cost is more than R100,000.00). If an assessor is not appointed at registration of the claim, we reserve the right to appoint an assessor at a later stage, should we find it necessary.
5. In accordance with the EE policy wording the Insured shall:
 - a. Take all steps within their power to minimize the extent of the loss or damage;
 - b. Preserve the parts affected and make them available for inspection by a representative or surveyor of the Insurers;
 - c. Furnish all such information and documentary evidence as the Insurers may require; and
 - d. Inform the police authorities in case of loss or damage due to theft or malicious damage.
6. Upon notification being given to the Insurers, the Insured may carry out the repairs or replacement of any minor damage; in all other cases a representative of the Insurers shall have the opportunity of inspecting the loss or damage before any repairs or alterations are affected. If a representative of the Insurers does not carry out the inspection within a period of time which could be considered adequate under the circumstances, the Insured is entitled to proceed with the repairs or replacement. The liability of the Insurers under this Policy in respect of any item sustaining damage shall cease if said item is not repaired properly without delay.
7. **Please note that Insurers do not provide authorization for repairs / replacement in respect of an Electronic Equipment policy.**
8. Insurers will not be held liable for any increase in prices due to the Insured's late notification and/or failure to attend to repairs timeously (subject to Policy terms and conditions).
9. Settlement of a claim shall only be done upon the final assessment of the costs. Repair and/or replacement invoices may be requested in support of same, subject to the circumstances of the claim.
10. The claim turnaround time can only be minimized if all the necessary information is provided promptly.
11. Insurer's rights remain strictly reserved should the Insured's failure to provide requested information timeously prejudice the claim assessment.

*Please take note that the above claims procedure information shall not negate and/or replace the applicable Policy Terms and Conditions and indemnity under the Policy is subject to the relevant Policy Terms and Conditions.

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 Engineering 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.

I / We further warrant that I / we have read and understood the claims procedure set out above herein.

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Full Name in Print:		Capacity:	
Signature:		Date:	

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