

Suite 2, Bloxam Court, Corporation Street, Rugby, Warwickshire CV21 2DU

Telephone: 01788 563111 E-mail: claims@compucover.co.uk

1. To ensure your claim is dealt with as quickly as possible, please complete this form in full, sign where indicated and return it immediately.
2. Your claim will be delayed if you do not complete ALL relevant sections.
3. All claims must be referred to the Claims Administrators before you take any action. Failure to do so will invalidate your claim.
4. For a claim that is not capable of repair e.g. following theft the Claims Administrators will instruct our authorised supplier to arrange replacement.
5. The claim form will need to be completed in full by the named Policyholder. If the Policyholder requires someone else to complete the form on their behalf, then due to the GDPR - General Data Protection Regulation we will need the name and address of the person who will complete the form on the Policyholder's behalf. This information will need to be provided by the Policyholder in writing either by post, fax or e-mail.

PLEASE DO NOT SEND YOUR EQUIPMENT TO US

1 - YOUR DETAILS

(Individual and/or organisation submitting the claim)

Title: _____ Organisation(if applicable): _____

Firstname: _____ Contact Number (9am-5pm): _____

Surname: _____ E-mail: _____

Address: _____ Policy Number: _____

Postcode: _____ Date insurance purchased: _____

2 - CLAIM TYPE

Is the claim for:- Theft/Loss Complete sections 3,5,6,7 and 8

Damage Complete sections 4,5,6,7 and 8

3 - THEFT/LOSS CLAIMS

Date and time of theft/loss: _____ Date and time theft/loss discovered: _____

Date and time the equipment was last seen: _____

Who was in charge of the equipment when the theft/loss occurred: _____

Where did the theft/loss occur: Home School, college etc. Work Travelling Other

Please provide further details, e.g. equipment stolen from the lounge: _____

How did the theft/loss occur: _____

Where were you located when the theft/loss occurred: _____

If the theft was from your premises or vehicle, how was access gained (please provide as much detail as possible):

3 - THEFT/LOSS CONTINUED

If the incident was reported to the police please fill in the details below, for theft claims this information **MUST** be provided, failure to do so may delay your claim.

Date and time reported to the police: _____

Police reference: _____

Police station address including postcode: _____

Police station telephone number: _____

Name of the individual who you reported the theft/loss to: _____

4 - DAMAGE CLAIMS

(Please ensure all data is backed up prior to collection of your equipment)

Date and time of incident: _____ Date and time of discovery: _____

Who was in charge of the equipment when the incident occurred: _____

Where did the incident occur: Home School, college etc. Work Travelling Other

Where exactly did the incident occur, e.g. in the lounge, classroom etc: _____

What type of incident occurred (tick all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Dropped equipment | <input type="checkbox"/> Fell whilst carrying equipment | <input type="checkbox"/> Fire damage to equipment |
| <input type="checkbox"/> Heat damage to equipment | <input type="checkbox"/> Item fell on equipment | <input type="checkbox"/> Item shut inside equipment |
| <input type="checkbox"/> Knocked off furniture | <input type="checkbox"/> Knocked out of hands | <input type="checkbox"/> Liquid spillage |
| <input type="checkbox"/> No incident took place | <input type="checkbox"/> Pet damage | <input type="checkbox"/> Power surge to equipment |
| <input type="checkbox"/> Sat on equipment | <input type="checkbox"/> Smoke damage to equipment | <input type="checkbox"/> Stood on equipment |
| <input type="checkbox"/> Other (give details) _____ | | |

What type of damage occurred (tick all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Casing damage | <input type="checkbox"/> Cracked screen | <input type="checkbox"/> Damage to ports |
| <input type="checkbox"/> Equipment in pieces | <input type="checkbox"/> Equipment malfunctioning | <input type="checkbox"/> Equipment not charging |
| <input type="checkbox"/> Equipment scratched | <input type="checkbox"/> Equipment will not start | <input type="checkbox"/> Liquid spillage to keyboard |
| <input type="checkbox"/> Liquid spillage to screen | <input type="checkbox"/> Screen display affected | <input type="checkbox"/> Other (give details) _____ |

How did the incident occur (please provide as much detail as possible): _____

4 - DAMAGE CONTINUED

(Please ensure all data is backed up prior to collection of your equipment)

Where were you located when the incident occurred: _____

Name of any person excluding the claimant, who you feel is responsible for the incident: _____

If another person is responsible for the incident, how were they responsible: _____

Did anyone else witness the incident: Yes No

If yes, please provide their name and contact details: _____

When the incident occurred was the equipment in a case: Yes No

If yes, please provide the make and model: _____

5 - OTHER INSURANCES

Do you have any other insurance that may cover this incident: Yes No

If yes, please provide the insurance company and policy number: _____

6 - VAT STATUS

Are you VAT registered: Yes No

If yes to the above, can you please confirm your VAT number: _____

7 - DECLARATION

The details you supply will be used to administer your claim and to combat fraud. The above answers to the questions will be the basis of the assessment of your claim.

All material facts must be 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.

I/We submit my/our claim for the amounts stated and declare that, to the best of my/our knowledge and belief, all information given on this form is true and correct, as will be my/our response to any further enquiries made by CompuCover.

Please tick the box to confirm you have read the declaration

Signed: _____ Date: _____

PLEASE ENSURE YOU COMPLETE THE EQUIPMENT DETAILS OVERLEAF

8 - DETAILS OF ITEMS STOLEN OR DAMAGED

Item	Make	Full Model Description	Colour	Serial Number	IMEI (if applicable)	Date Purchased	Where Purchased	Purchase Price (inc VAT)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

9 - ADDITIONAL INFORMATION

If you have any additional information that will assist us with your claim, please include details below: