STATEMENT OF DAMAGE RELATED TO EQUIPMENT ALL RISK INSURANCE

Policy Nº :…… Effective Date :……..End Date :……

Date of declaration of disaster **……**

I. GENERAL INFORMATION

1. Name and Surname of the subscriber/Corporate name : ……
2. Place and Date of Birth / Date of creation: ……
3. No. of identity card /Trading licence ……
4. Contact person :…… ……..….
5. Postal adress :……..…….
6. E-mail adress :……..……..……..
7. Phone
   a) Mobile : ……..
   b) Home landline: ……..
   c) Office landline : …..……
8. Account Number and Bank: ……...……..

II. INFORMATION RELATING TO CLAIM

9. Declaring Person
   Name and Surname : ……
   Address : ……phone : ……..
10. Date and time of the incident / accident: ……
11. Place of incident / accident:……
12. Witnesses of the accident……...
    a)……..
    b)……..
    c)……
    a. ……
13. Who is liable for the incident?…….……
14. Causes and circumstances of the incident:

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……
……

III. List of damaged/lost equipment (attach a separate sheet)

Location	Description	Serial N°	Date of manufacture	Acquisition date	Value in RFW

All the above is so declared in good faith and in all sincerity.

Done at……, on ……

The Insured

NB: The prompt settlement of the claim will depend to a large extent upon your care while completing this form.