

STATEMENT OF DAMAGE RELATED TO DAMAGED EQUIPMENT

Policy N° : 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 address :
6. E-mail address :
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:
.....
.....
.....

III. List of damaged 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.

