



Insurance Claim Form

To ensure your claim is dealt with as quickly as possible, please complete this form in full.

Your claim will be delayed if you do not complete all relevant sections. All claims must be referred to the Claims Administrators before you take any action. Failure to do so will invalidate your claim.

Fields marked with an * are mandatory.

Policy Number:	*	<input type="text"/>	Your policy number will be in the format of 3 letters followed by 6 numbers
Purchase date of equipment:	*	<input type="text"/>	
Where did you purchase your equipment from?	*	<input type="text"/>	
Purchase date of insurance	*	<input type="text"/>	

WARNING: If in the course of claim validation, misrepresentation of the facts is discovered we will consider this as fraud. Details of all such cases will be passed to the appropriate agencies for action.

Section 1: Name of Insured

Title	<input type="text"/>	
Name	*	<input type="text"/>
Company/School	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postcode	*	<input type="text"/>
Tel. Daytime	*	<input type="text"/>
Tel. Home	<input type="text"/>	

Tel. Mobile

Email *

[If you are claiming for damaged property click here](#)

[If you are claiming for stolen property click here](#)

Section 2: Damage

(please ensure all data on the hard drive is backed-up prior to collection)

Who was in charge of the equipment when damage occurred:

Explain the full circumstances of how the damage occurred:

Date and time when the damage occurred:

Explain the full circumstances of where you and the equipment were located at the time of the incident:

Date, time and by whom the damage was discovered:

Explain the full circumstances of what damage has occurred:

An empty rectangular text box with a thin black border. On the right side, there are three vertically stacked buttons: a small upward-pointing triangle, a square, and a small downward-pointing triangle. At the bottom, there are four buttons: a left-pointing triangle, a square, a right-pointing triangle, and another square.

Section 3: Theft

Who was in charge of the equipment when the theft occurred:

An empty rectangular text box with a thin black border. On the right side, there are three vertically stacked buttons: a small upward-pointing triangle, a square, and a small downward-pointing triangle. At the bottom, there are four buttons: a left-pointing triangle, a square, a right-pointing triangle, and another square.

Date and time the theft occurred:

An empty rectangular text box with a thin black border. On the right side, there are three vertically stacked buttons: a small upward-pointing triangle, a square, and a small downward-pointing triangle. At the bottom, there are four buttons: a left-pointing triangle, a square, a right-pointing triangle, and another square.

Explain the full circumstances of where you and the equipment were located at the time of the theft:

An empty rectangular text box with a thin black border. On the right side, there are three vertically stacked buttons: a small upward-pointing triangle, a square, and a small downward-pointing triangle. At the bottom, there are four buttons: a left-pointing triangle, a square, a right-pointing triangle, and another square.

Date and time when it was discovered:

An empty rectangular text box with a thin black border. On the right side, there are three vertically stacked buttons: a small upward-pointing triangle, a square, and a small downward-pointing triangle. At the bottom, there are four buttons: a left-pointing triangle, a square, a right-pointing triangle, and another square.

Do your suspicions rest on anyone? If so on whom?

An empty rectangular text box with a thin black border. On the right side, there are three vertically stacked buttons: a small upward-pointing triangle, a square, and a small downward-pointing triangle. At the bottom, there are four buttons: a left-pointing triangle, a square, a right-pointing triangle, and another square.

Explain the full circumstances of the date, time and location when the equipment was last seen:

In all cases the Police must be advised within 24 hours. Please state the following:

*Date Reported	<input type="text" value="dd/mm/yy"/>
*Name of Police Station	<input type="text"/>
*Tel. No of Police Station	<input type="text"/>
*Police Case Number	<input type="text"/>

*N.B. Failure to provide will invalidate claim.

Section 4 *: Full description of property damaged or stolen (including Serial Number(s))

Section 5: Is there any other insurance covering the property concerned?

Yes No If yes, please supply details below

DECLARATION: The information I have provided is true and accurate to the best of my knowledge. I understand that Cybersured may ask for further information in support of my claim. I agree to provide any further information if requested. I understand Cybersured may share information with other insurance providers in order to prevent fraudulent claims.

Please tick this box to confirm you have read the declaration *

Please tick this box to confirm you will be providing your proof of purchase for the equipment you are claiming for *