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Electronic Business Equipment Claim Registration Form

Thank you for notifying us of the claim or incident. We ask that you complete (relevant sections only) and sign the form below as well as the included loss list. Please return both completed documents via email to [claims@admiralbusiness.com](mailto:claims@admiralbusiness.com) along with any supporting documentation.

|  |  |
| --- | --- |
| POLICYHOLDER DETAILS | |
| Policy Number |  |
| Name |  |
| Date of Birth |  |
| Address |  |
| Email |  |
| Contact Number |  |

|  |  |
| --- | --- |
| CLAIM/INCIDENT CIRCUMSTANCES | |
| Describe what has happened in as much detail as you can |  |
| What date/time did this happen? |  |
| Where did this happen? Please provide the full address including postcode |  |
| Police Force and Crime/Incident Reference Number (if applicable) |  |
| Witness Contact Details (if any witnesses) |  |
| CCTV Details (if any CCTV) |  |

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| ADDITIONAL INFORMATION  (Please note any additional information here that you feel is relevant to the matter) |
|  |

STATEMENT OF TRUTH

I hereby confirm that the information above is accurate to the best of my knowledge and also understand that in signing this statement of truth my Insurer may rely upon my signing this document in respect of any investigations made in relation to fraud prevention or otherwise.

Signed (typed or handwritten) ………………………………………………….

Dated…………………………………………….

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Electronic Business Equipment Loss List (Claimed Items)

We ask that you complete the form below to detail all Electronic Business Equipment that has been stolen or damaged in the incident; these items will then be considered as part of your Claim. This document will need to be completed in full and signed before we are able to progress your Claim.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item No | Name of Item (Make & Model) | Purchase Date (E.g. (10/05/22) | Purchase Price (inc. VAT) | Supplier  Purchased From | Payment Method (Cash/Card) | Proof of Purchase Evidence Attached (Y/N) |
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| --- | --- |
| **Total Cost of Claim (£)** |  |

STATEMENT OF TRUTH

I hereby confirm that the list above is a true, accurate and complete list of all claimed items which are the subject matter of this Claim.  I understand that once this list is submitted, additional items will not be considered as part of the Claim. I also understand that in signing this statement of truth my Insurer may rely upon my signing this document in respect of any investigations made in relation to fraud prevention or otherwise.

Signed (typed or handwritten) ………………………………………………….

Dated……………………………………………………..