

## ELECTRONIC EQUIPMENT

### Guide for Completion

**Please complete all sections of this form and note the following:**

- The completion of this form does not constitute acceptance of liability by the Insurer.
- The Claim Advice Form is required to be returned immediately

**The following documentation is required to proceed with the claim:**

- A formulated claim which includes quotations/invoices pertaining to the damages
- Reason for replacement vs. repairs (if applicable)
- Repairers report
- Preserve all damaged parts and or evidence and make them available for inspection

**Note: Quotation/invoice is to contain the item serial number**

**Additional information may be required.**

**MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD**

MIRABILIS IS AN AUTHORISED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS: 1<sup>ST</sup> FLOOR, CRADOCK PLACE, 5 CRADOCK AVENUE, ROSEBANK, 2196  
TEL NO: 0861 100 100 | +27 11 880 8200  
REGISTRATION NO: 2006/018854/07

POSTAL ADDRESS: PO BOX 2081, SAXONWOLD, 2132  
FAX NO: +27 11 880 6857  
VAT NO: 4130230354

<h2>CLAIM ADVICE FORM – ELECTRONIC EQUIPMENT</h2>
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*Please complete in full and return to [claims@mirabilis.net](mailto:claims@mirabilis.net)*

- 1) **Policy Number:** \_\_\_\_\_
  
- 2) **Brokerage:** \_\_\_\_\_
  
- 3) **Insured:** \_\_\_\_\_
  
- 4) **Insured Contact Name:** \_\_\_\_\_
  
- 5) **Insured Contact Number:** \_\_\_\_\_
  
- 6) **Insured Email Address:** \_\_\_\_\_
  
- 7) **Insured Cellphone Number:** \_\_\_\_\_
  
- 8) **Date and Time of Loss / Damage:** \_\_\_\_\_
  
- 9) **Risk Address:** \_\_\_\_\_
  
- 10) **Type of Equipment:** \_\_\_\_\_  
Make / Model / Serial No. / Year of  
Manufacture (attach a list if necessary) \_\_\_\_\_
  
- 11) **Item number on the policy schedule:** \_\_\_\_\_

- 12) **Where did the Loss Occur:** \_\_\_\_\_  
On Site / Public Road / During Transportation
- 13) **Details of the Loss / Damage:** \_\_\_\_\_  
Include digital photographs, if available
- 14) **Police Station and Reference Number:** \_\_\_\_\_
- 15) **Is the equipment under warranty:** \_\_\_\_\_
- 16) **Name and Contact Number of Third Party responsible for causing the damage:** \_\_\_\_\_
- 17) **Estimated Cost of Repair:** \_\_\_\_\_

I/We warrant that the foregoing information provided is true and correct, and that no information has been withheld in respect of the loss/damage. I/We undertake to advise Mirabilis Engineering Underwriters (Pty) Ltd in writing in the event of any changes to supplied information, and in the event of the recovery of any part of the property forming the subject of this claim.

Insured Signature: \_\_\_\_\_

Capacity: \_\_\_\_\_

Date: \_\_\_\_\_