A UNIQUE AND COMPREHENSIVE INSURANCE SCHEME

FOR

SUPPLIERS AND INSTALLERS OF FIRE ALARMS, INTRUDER ALARMS AND OTHER SECURITY EQUIPMENT

CLAIM FORM

Camberford Law plc

Innovative Insurance Solutions – Since 1958

Insurance Brokers
Underwriting Agents
Members of BSIA and IPSA
Authorised and Regulated by the Financial Services Authority

Lygon House, 50 London Road
Bromley, Kent, BR1 3RA
Telephone: 020 8315 5000
Facsimile: 020 8460 2118
Email: claims@camberford-law.com
Website: www.camberford-law.com/claims

PRODUCTS (EFFICACY) CLAIM FORM

1. Particulars of Insured:-

   (a) Name or Title

   (b) Address

   (c) Business or Profession

   (d) Telephone Number

2. Particulars of Incident:-

   (a) Date b) Time

   (c) Where did it happen?

   (d) How did it happen?

   (e) Has a claim been made against you?
   (If so, forward all particulars & correspondence)

3. Name of Third Party (Customer):-

   Address: -

4. Type of Incident: - Break-in/Other

5. Reported by:

   (If Police or Central Station, please give details)

6. Insured's Representative:

   Incident reported to:

   In Attendance:

7. (a) Type of Alarm System (or Product)

(b) Is the Alarm System hired or sold to the customer?

(c) When was the Alarm installed?

8. Was the Alarm installed by you or your Employees? YES/NO
If not:

(a) Please state name and address of the Installer

(b) State if work carried out on your instructions YES/NO

9. Did the System function properly? YES/NO

Did the Alarm sound? YES/NO

If not, please give an explanation:

10. Any additional protection necessary/planned

11. Brief report regarding break-in (where premises entered, goods stolen etc.):

12. State of control panel on arrival: SET/UNSET

13. Did you interrogate the Memory facility on the system? YES/NO

14. System set at time of break-in: SET/UNSET

Date and Time Set:

15. Person who set alarm:

16. Date and Time of break-in:

Discovered by:

17. Date & Time of Police Attendance:

18. Extent of loss (*if known*): £
(If System did not function properly please complete 19)

19. Reason for non-operation of the System:

20. If Central Station call made, quote details, date and time recorded:

21. Action taken by Insured's representative:

22. Statement

THE FOLLOWING ITEMS (OR COPIES) SHOULD BE FORWARDED WITH THE REPORT FORM

(i) COMPLETE SERVICE HISTORY AND SPECIFICATIONS OF THE SYSTEM

(ii) ENGINEERS' REPORT OF SYSTEM ON DATE OF INCIDENT OR IMMEDIATELY THEREAFTER.

(iii) SIGNED CONTRACT

I/WE DECLARE that the above statements are true and complete to the best of my/our knowledge and belief. I/We understand that the issue of this form is not to be taken as an admission by the Company of any Liability to the Insured or any other person.

Signed

Title

Date