Salva Kindlustuse AS

Pärnu mnt 16,10141 Tallinn

tel 6800 500, faks 6800 501

salva@salva.ee

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| --- | --- | --- | --- | --- |
| ELECTRONICS INSURANCE LOSS APPLICATION | |  | |  |
|  | | | | |
| **Insurance policy:** | | | | |
| Policy number | | | | |
|  | | | | |
| **Policyholder:** | | | | |
| Policyholder’s name | Personal ID code / Reg. code | Telephone | | |
| Residential address | E-mail | | | |
|  | | | | |
| **Damaged device’s data:** | | | | |
| Mark / model | Serial No. | Purchase time (month / year) | | |
| 1. |  |  | | |
| 2. |  |  | | |
| 3. |  |  | | |
| 4. |  |  | | |
|  | | | | |
| **Other valid insurance contracts:** | | | | |
| Yes  No Insurance company’s name, contract No. | | | | |
|  | | | | |
| **Information about the insured event:** | | | | |
| Date and time of the loss occurring | Address of the loss occurring | | | |
| Description of the insured event / Damage occurred to the equipment | | | | |
| Who is liable for causing the damage? (Specify the guilty party’s data) | | | | |
|  | | | | |
| **Loss amount:** | | | | |
| List the costs incurred due to the insured event | | | Amount | |
|  | | |  | € |
|  | | |  | € |
|  | | |  | € |
|  | | |  | € |
|  | | |  | € |
| Total amount of benefit requested from the insurance provider: | | |  | € |
|  | | | | |
| **The beneficiary:** | | | | |
| The beneficiary’s name | Personal ID code / Reg. code | Telephone | | |
| E-mail | Account No. | | | |
|  | | | | |
| **The person filling in the loss report:** | | | | |
| Name | Telephone | E-mail | | |
| **I hereby declare that the data stated above are correct** | Date | Signature | | |