Salva Kindlustuse AS

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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 |