

MELCOM INSURANCE CLAIM FORM

Insured Details

Insured's Name			
Item		Purchase Date/Place	
Make		Serial No.	
Model		Date Of Loss	DD / MM / YY
Colour		Police Station reported to	

Please Tick the and give explanation below

Cause of Loss

Defect	<input type="checkbox"/>
Accidental Damage (Fall, Impact)	<input type="checkbox"/>
Fire Damage	<input type="checkbox"/>
Burglary	<input type="checkbox"/>

CIRCUMSTANCE

ATTACHMENTS

Police Report	<input type="checkbox"/>
Pictures	<input type="checkbox"/>
Fire Service Report	<input type="checkbox"/>
Others	<input type="checkbox"/> Please State _____

I confirm that all information contained here is true to the best of my knowledge.

Insured's signature _____

Date DD / MM / YY _____

For Workshop Use

Report on Assessment

Repair (See attached invoice)

Replacement (Residual Value for Voucher to be paid to Melcom)

Date of Damage

D D / M M / Y Y

Salvage Items

Salvage Value