

Hitech Claims Consulting

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Your Contact Information

Today's Date: _____

Pages in Fax: _____

Name: _____

E-mail: _____

Company: _____

Phone: _____

Address: _____

Fax: _____

City/State/Zip: _____

Claimant/ Insured's Information

Claim/Contract/File#: _____

Date of loss: _____

Company: _____

E-mail: _____

Contact name: _____

Phone: _____

Address: _____

Fax: _____

City/State/Zip: _____

Requested Services

Complete Service Arrange inspection Verify inventory

Ascertain market values Ascertain cause of loss Verify lightning

Evaluate damage & repair/replacement options Ascertain salvage value

Comments: _____

Equipment/Loss

Description:

Computer Telephone Copier Server HVAC Alarm Other: _____

Cause of loss:

Transit damage Lightning Theft Water Fire Smoke Computer virus Vandalism

Power Surge Other _____

Coverage

R/C ACV 3rd Party

Deductible : _____

Technician

Name: _____

E-mail: _____

Company: _____

Phone: _____

Address: _____

Fax: _____

City/State/Zip: _____

Claim Documents

Claim form Original purchase invoice BOL BCDI IER Inspection report

Repair/Replacement estimates or invoices Technician evaluation Photographs

Pre-shipment documentation Inventory Police report Additional: _____