

1. Policy Details

Policy number

Claim number

Expiry date (dd/mm/yyyy)

Sum insured

2. Client Details

Insured's name

Policy number

Address

Suburb

State

Postcode

Phone number (w)

Phone number (h)

Occupation

Amount insured

Claim no.

Goods and Services Tax - to ensure you do not incur any unnecessary GST liabilities on this claim please advise your:

(a) ABN, if applicable

(b) entitlement to an Input Tax Credit in respect of:

(i) Insurance premium % and (ii) the property which is the subject of this claim %

3. Type of Damage or Loss

Date of happening (dd/mm/yyyy)

Time

am pm

Address of happening

How did loss or damage or accident occur?

If water damage, what was the source of the water and how did it enter the building?

Extent of loss or damage and description of property affected

Have any temporary repairs been completed? If so, by whom and when?

If burglars or malicious persons involved, describe how building was entered and state damage caused to building.

If articles lost, stolen or damaged maliciously, Police details are required.

Police report no.

Where reported?

Date (dd/mm/yyyy)

Name of Policeman

How was the loss discovered and by whom?

Date (dd/mm/yyyy)

Time

am pm

If known, provide the name and address of party responsible for damage.

Are you the sole owner of the lost or damaged property? (or financed)

State the total value of the property lost or damaged at risk at the time immediately before the loss or damage to the items being claimed on.

Do you hold any other insurance which would cover this loss?

If Yes, please provide name of company

Amount

4. Particulars of Property being claimed

Description of property lost or stolen	Price paid	Current replacement cost	Date of purchase (dd/mm/yyyy)	Amount claimed
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$

Description of premises and/or contents damaged	Cost of repairs
	\$
	\$
	\$
	\$
	\$
	\$

Please enclose the original quotation for repairs or, if already repaired, the original account.

Please make the payment direct to:

5. Declaration

I/We solemnly and sincerely declare;

1. That the information supplied on this Claim Form and Statement of Claim is true in every respect.
2. I/We understand that the claim may be refused if information is withheld, false, misleading or concealed.
3. That there was no other insurance covering this loss current at the date of this incident.
4. I/We acknowledge that this Claim Form is a Legal Document and as such may be used in any legal proceedings resulting from this claim.

Signature of Insured(s)

Date (dd/mm/yyyy)

Witness

Date (dd/mm/yyyy)