

## CLAIM FORM EQUIPMENT BREAKDOWN

### THE INSURED

Name of Insured:	<input type="text"/>		
Tax Status:	<input type="text" value="A.B.N."/>	ITC Percentage of Premium for this Policy Section:	<input style="width: 50px;" type="text" value="%"/>
Policy Number:	<input type="text"/>		
Postal Address:	<input type="text"/>		Postcode: <input style="width: 80px;" type="text"/>
Contact Name:	<input type="text"/>	Telephone:	<input type="text"/>
Mobile:	<input type="text"/>	Email:	<input type="text"/>

### INCIDENT DETAILS

Date of Incident:   /   /   Time:

#### DETAILS OF DAMAGE ITEM(S)

Type:	<input type="text"/>	Make:	<input type="text"/>
Model:	<input type="text"/>	Serial No:	<input type="text"/>

Please state fully the circumstances of the event which has given rise to this claim.

**REPAIRS**Have Repairs  
Commenced?☐ YES ☐ NO

Invoiced/Estimated Cost \$

[Please attach invoices if repairs complete](#)Name of  
Repair Company:

Contact Name:

Telephone:

Mobile:

Email:

Please supply bank details for settlement

ACCOUNT NAME

BSB

ACCOUNT NUMBER

REFERENCE

I hereby warrant the truth of the foregoing statements and the particular of the above items and I make the solemn declaration conscientiously believing the same to be true.

Signature:

Date:

 D  D /  M  M /  Y  Y

THE ISSUE AND/OR ACCEPTANCE OF THIS FORM IS NOT IN ITSELF  
AN ADMISSION OF LIABILITY ON THE PART OF PACE INSURANCE.

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