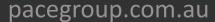


CLAIM FORM EQUIPMENT BREAKDOWN

THE INSURED						
Name of Insured:						
Tax Status:	A.B.N.	ium for this Policy Se	ection:	%		
Policy Number:						
Postal Address:				Po	stcode:	
Contact Name:			Telephone:			
Mobile:			Email:			
INCIDENT DET	ΓAILS					
Date of Incident:	DD/MM/Y	Y Time: :	AM PM			
DETAILS OF DAMAG	GE ITEM(S)					
Type:			Make:			
Model:			Serial No:			
Please state fully tl	he circumstances of the e	vent which has given	rise to this claim.			





REPAIRS								
Have Repairs Commenced?	YES NO	Invoiced/Est	imated Cost	\$		Please atta	ch invoices	if repairs complete
Name of Repair Company:								
Contact Name:					Telephone:			
Mobile:					Email:			
Please supply bank details for settlement		lement						
			ACCOUNT NA	ME	BSB	ACCOUNT N	UMBER	REFERENCE
I hereby warrant t declaration consci				the partio	cular of the ab	ove items and	l I make th	e solemn
	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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