

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.

REPAIRSHave 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:

 / /

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

IMPORTANT NOTICES | We value your privacy. Our Privacy Policy sets out how we collect, disclose and handle personal information under the Privacy Act and the Australian Privacy Principles. By providing us such information you consent to these practices unless you tell us otherwise. Our Privacy Policy is available at www.insuranceadviser.net or by contact us.