

CLAIM FORM LOSS AND/OR DAMAGE TO PROPERTY

PLEASE ANSWER ALL QUESTIONS AS FULLY AS POSSIBLE, USING THE SPACES PROVIDED
AS WELL AS ADDITIONAL PAGES AS REQUIRED.

Name of Insured:	<input type="text"/>		
Trading As:	<input type="text"/>		
Policy Number:	<input type="text"/>		
Address of Insured Property:	<input type="text"/>	Postcode:	<input type="text"/>
Telephone:	<input type="text"/>	Email:	<input type="text"/>
Mobile:	<input type="text"/>	ABN:	<input type="text"/>

Location of Loss, Theft or Damage (if different from Insured address)

<input type="text"/>	Postcode:	<input type="text"/>
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Date of Loss, Theft or Damage: / /

Please state fully the circumstances of the event which has given rise to this claim
(If the event is a break-in, please provide details on how entry was gained)

If Loss is from damage through theft/vandalism, the date the matter was reported to the Police.

/ /

Please attach a copy of the Police Report or the Police Report Case Number

Case #

PLEASE LIST ALL ITEMS AND PROPERTY LOST, STOLEN OR DAMAGED HERE
OR ATTACH A COPY OF THE QUOTE/INVOICE FOR REPLACEMENT ITEMS

Full details of item including, make and model	Date of Purchase	Claimed Amount
<input type="text"/>	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y	\$ <input type="text"/>
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<input type="text"/>	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y	\$ <input type="text"/>

Any additional remarks or comments

Please supply bank details for settlement

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT NAME	BSB	ACCOUNT NUMBER	REFERENCE

I hereby swear the contents of this document are true and answered to the best of my ability:

Signature:

Date:

DD / MM / YY