

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.

			Postcode:	
	Email:			
	ABN:			
or Damage (if different from Insu	ired address)			
			Postcode:	
	Date of Loss, Th	eft or Damage:	DD/M	Μ / Υ Υ
rough theft/vandalism, the date	the matter was reported to	the Police.	DD/M	MIYY
	cumstances of the event which l	ABN:	ABN: Dr Damage (if different from Insured address) Date of Loss, Theft or Damage: cumstances of the event which has given rise to this claim	Email:ABN:Postcode: or Damage (if different from Insured address) Postcode: Date of Loss, Theft or Damage: D D / M cumstances of the event which has given rise to this claim h, please provide details on how entry was gained)

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

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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					se		Claimed Amount		
	D	D	/	Μ	Μ	/	Y	Y	\$		
	D	D	/	Μ	Μ	/	Y	Y	\$		
	D	D]/	Μ	Μ	/	γ	Y	\$		
	D	D]/	Μ	Μ	/	Y	Υ	\$		
	D	D]/	Μ	Μ	/	γ	Υ	\$		
	D	D]/	Μ	Μ	/	Y	Y	\$		
	D	D]/	Μ	Μ	/	Y	Y	\$		
	D	D]/	Μ	Μ	/	Υ	Y	\$		
	D	D]/	Μ	Μ	/	Υ	Y	\$		
	D	D]/	Μ	Μ	/	Y	Y	\$		
	D	D]/	Μ	Μ	/	Y	Y	\$		
	D	D]/	Μ	Μ	/	Y	Y	\$		
	D	D	/	Μ	Μ	/	Y	Υ	\$		
	D	D	/	Μ	Μ	/	Y	Υ	\$		
	D	D	/	Μ	Μ	/	Y	Y	\$		
Any additional remarks or comments			-								
Please supply bank details for settlement	В	SB			ACC	OU	NT N	IUMBI	ER REFERENCE		
I hereby swear the contents of this document are true and answered to the best of my ability:											
Signature:						Dat	te:	D			

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