

Claim Number:

1. Policy Details

Full Name(s) of Insured:	Address of Insured: Postcode Email Address: Telephone Numbers: Business Hours (.....) After Hours (.....)	
Insurer:	Policy No:	Expiry Date: / / 20.....

2. General Details of Loss / Damage

Location of loss / damage	
Actual date of loss / damage / / 20.....	Approximate time of loss / damage am/pm
Was the lost/damage property: (i) subject to a Lease or an Agreement? <input type="checkbox"/> YES <input type="checkbox"/> No (ii) Covered under another insurance policy? <input type="checkbox"/> YES <input type="checkbox"/> No If YES to either or both, please give details:		
What steps have been taken to recover the lost property or minimise damage to the property?	
Describe the circumstances and cause of the loss/ damage.	

How was the loss/ damage discovered?	<p>.....</p> <p>.....</p> <p>.....</p>
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8. Declaration

<p>I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.</p> <p>I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify <insert Company Name> in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".</p>	
<p>Full name of claimant(s) <i>(please use block letters)</i></p> <p>.....</p>	
<p>Signature(s)</p>	
<p>.....</p>	<p>Date: / / 20.....</p>
<p>.....</p>	<p>Date: / / 20.....</p>

SCHEDULE

(1) PLEASE COMPLETE FOR **LOSS** OF PROPERTY:-

Description of property for which loss is claimed	Date of Purchase or Acquisition	Original Cost	Value at time of Loss-allowing for reasonable Depreciation	Value of Salvage (if any)	Amount of Loss or Damage Claimed	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
TOTAL AMOUNT OF LOSS CLAIMED					\$	

(2) PLEASE COMPLETE FOR **DAMAGE** TO PROPERTY:-

Particular	Name of Repairer (Invoice / Quote)	Cost of Repairs	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL REPAIRS		\$	
TOTAL AMOUNT CLAIMED		\$	

(3) PLEASE COMPLETE FOR **FUSION** DAMAGE:-

Machine / Appliance	Maker	Date of Purchase	H.P. of Motor	Name of Repairer Invoice/Quote Attached	Cost of Repairs	
					\$	
					\$	
					\$	
					\$	
					\$	
TOTAL REPAIRS (Note: To Avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable)					\$	
LESS EXCESS					\$	
NET AMOUNT CLAIMED					\$	

(4) PLEASE COMPLETE FOR **THIRD PARTY CLAIMS**:-

Details of injury or damage to third parties:-

a) Name:

b) Address:
.....
.....

c) Occupation:

d) Nature and extent of injuries/damage:
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e) Has the third party any relationship to you (eg. relative, employee)?
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f) Have you received any correspondence from third parties? If so, please enclose them with this form.
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g) Have you made any admission of liability?
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