

INSURED DETAILS

Broker Name:	Insurer:	
Insured Name:	Policy Number:	
Insured Occupation:	Insured ID Number:	
Insured Contact No:	Address:	
Email Address:	Suburb:	Postal Code:

INCIDENT DETAILS

DATE OF LOSS	Date and time of loss:	
	When was loss discovered:	
PLACE OF INCIDENT	Place where loss or damage occurred:	
	Were premises occupied? Yes <input type="checkbox"/> No <input type="checkbox"/>	By whom?
	If not, when last was it occupied?	
	Purpose of occupation:	
CAUSE OF INCIDENT	Describe fully how the loss/damage occurred, stating (if possible) how entry was gained to the premises:	
	Was loss/damage caused by another party? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, please provide contact details below:	
	Name:	Address:
PREVIOUS LOSSES	Have you previously suffered a loss/damage? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, please provide details below:	
	Were you insured at the time? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, provide name of insurer:	
POLICE	Police Ref No:	Police Station:
	Attending Officer:	Date Reported:
OTHER INTEREST	Has any other party any interest in the insured property, eg. Credit Agreement? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, please supply:	
	Name of Credit Institution:	Please provide details of Interest below:
OTHER COVER	Is there any other insurance covering this loss/damage? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, please supply:	
	Name of Insurer:	
VALUE	Estimated total value of all the property insured under the policy:	
	When last valued:	

STATEMENT OF PROPERTY - LOST, STOLEN OR DAMAGED

No	Description	Qty	Date Acquired	From Whom Purchased/Acquired	Purchased Value	Amount Claimed
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

VERY IMPORTANT - The following should accompany this claim form:

Use your surname or policy number as your reference in the subject line of all correspondence.

TAKE NOTE claims in respect of damage to buildings must be accompanied by:

a builder's estimate a quotation a damage report

NB: Please email clear photographs of the damage that occurred along with this claim.

I have included photographs with my claim: Yes No

I, the undersigned solemnly declare that I have suffered loss of or damage to the property enumerated above and that the said property was in my possession immediately prior to the said loss/damage which occurred in the circumstances described.

Signed by the insured: _____ Date: _____ Signature: _____

