



General Claim Form

1. Policy Details

Policy Number(s)

Expiry Date

2. Client Details

Insured's Name

Address

Suburb: State: Post Code:

Contact Information

Mobile: Work: Home:

Email:

Goods and Services Tax – to ensure you do not incur any unnecessary GST liabilities on this claim please advise your

(a) ABN

(b) Entitlement to an Input Tax Credit in respect of:

(i) Insurance Premium _____% and (ii) the property which is the subject of this claim _____%

3. Type of Damage of Loss

Date of Loss (dd/mm/yyyy)

Time of Loss:

Location of Loss

Suburb: State: Post Code:

How did the loss or damage or accident occur?

If articles lost, stolen or damaged maliciously, Police details are required.

Police Report No.: Where Reported:

Date (mm/dd/yyyy): Name of Policeman:

--	--

How was the loss discovered and by whom?

If known, provide the name and address of party responsible for damage

Are you the sole owner of the lost or damaged property? (or financed)

4. Particulars of Property being claimed

Description of property damaged/lost	Price Paid	Current Replacement Cost	Date of Purchase (dd/mm/yyyy)	Amount Claimed
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

**Please ensure proof of ownership is supplied and supporting documents*

*** Please enclose the original quotation for repairs or, if already repaired, the original account*

5. Declaration

I/We solemnly and sincerely declare:

1. That the information supplied on this Claim Form and Statement of Claim is true in every respect
2. I/We understand that the claim may be refused if information is withheld, false, misleading or concealed.
3. That there was no other insurance covering this loss current at the date of this incident
4. I/We acknowledge that this Claim Form is a Legal Document and as such may be used in any legal proceedings resulting from this claim.

Signature of Insured (s)

Date (dd/mm/yyyy)

EFT Details for Settlement

Bank:
Account Name:
BSB:
Account Number: