

GENERAL CLAIM FORM



Full Name			
Address		Telephone Number	Private
	Postcode		Business
Are you entitled to claim an input tax credit? Yes / No		ITC %	ABN
What is your Occupation, Trade or Profession? (Including Part-Time)			

POLICY DETAILS: Insurer: _____

Policy Number	<input type="text"/>	Policy Expiry Date	<input type="text"/>
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DETAILS OF WHEN, WHERE AND HOW THE LOSS OR DAMAGE HAPPENED

Date of the loss, or damage, or the date of when it was first discovered.

Where did the loss or damage happen?

How did the loss or damage happen? (If the loss or damage was a result or theft from a building, please state how entry was gained.)

Describe nature and extent of damage.

If the loss or damage was caused by someone who is not a member of your company, e.g. a tradesman, please state name and address of the person or company.
 Date...../...../..... Time.....
 Address.....
 Postcode.....

Were the police notified? YES NO (Delete as appropriate)

When and at which Police Station was the report made?
 Date...../...../..... Time.....
 Police Station.....

Occupancy of the premises (e.g. factory, hotel, shop, etc)

Are you the sole occupier? YES NO (Delete as appropriate)

If NO give details of other occupants.

Were you in occupation there at the time of the loss? YES NO (Delete as appropriate)

If not, what was the last time and date when you were on the premises prior t the loss?
 Time am/pm Date / /

If the property is also insured against loss or damage with any other insurer, please state
 Name of insurerPolicy Number

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IF THE PROPERTY WAS LOST OR STOLEN, PLEASE ANSWER THE FOLLOWING:

Has a thorough search been made and notification been sent to others who might be able to assist in locating the property?
If so, please give details.

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BUILDING DAMAGE – DETAILS OF CLAIM

Estimated full cost of the repairs

\$

If you have obtained estimates or accounts, please attach and send them with the completed claim form.

Actual cost (if all work has been done)

\$

N.B. If you are still awaiting estimates, don't delay sending us the claim form. Tick box if estimates are being obtained are to be sent later.

How much are you claiming?

\$

If you are not the owner of the building please state

Name.....
Address.....
.....Postcode.....

Why do you have to pay for the repairs? (e.g. terms of your lease)

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CONTENTS CLAIM – DETAILS OF CLAIM

(Please send us any estimates or accounts)

Please complete all columns – we will then be able to deal with your claim in accordance with the cover given by your Policy.

DESCRIPTION OF ITEM (1)	WHEN & WHERE PURCHASED (2)	DEDUCTION FOR WEAR & TEAR (IF APPLICABLE) (3)	AMOUNT CLAIMED COST OF REPAIRS (4)
If there is insufficient space to describe all items, please attach a separate list.			TOTAL LESS EXCESS APPLICABLE AMOUNT OF CLAIM

I/We declare that the statements made are true to the best of my/our knowledge and belief, and that the articles and property described above were lost or damaged under the circumstances stated.

Date/...../.....

Signature of Insured.....

Signature of Witness.....