

1. Details of Policyholder

Full Name & Address of Policyholder	Contact Number
.....
.....	Email Address
.....
.....	ABN
.....
Insurance Company	Policy Number
.....

2. Loss Details

Date of Loss: Time of Loss: am/pm

Location:

State clearly how the loss occurred (please attach additional pages if required)

.....

.....

.....

3. Police

Have the Police been notified? *All Burglary/Theft/Malicious Damage claims must be reported*

Date reported to the Police Police Station

Police Report Number

4. Third Parties

Do you know who was responsible for the damage? Yes No

Full Name & Address	Other details eg; Registration Number
.....
.....
.....

5. History

In the last 5 years have you:

	Yes	No
- Had any insurance policy declined, cancelled, refused or had any special terms imposed?	<input type="radio"/>	<input type="radio"/>
- Been convicted of or had any fines or penalties imposed for any criminal offence?	<input type="radio"/>	<input type="radio"/>
- Suffered a loss or made a claim on a property related insurance policy?	<input type="radio"/>	<input type="radio"/>

If yes, please specify date and particulars below:

.....
.....
.....

6. Description of Property Lost/Damaged/Stolen

Item	Year Purchased	Where Purchased	Original Purchase Price	Replacement/Repair Cost

Please attached supporting documents if available

7. Payment Details

If any payments are to be made to you directly, where should the payment be made?

Account Name:

Account Number:

BSB:

Are you registered for GST purposes? Yes No

If Yes, what is your entitlement to an Input Tax Credit (ITC%)

8. Declaration

Name Date

Signature