

General Claim Form

Account Manager: _____ Date: _____

PART A- INSURED DETAILS

Given Name: _____ Surname: _____
Address: _____ State: _____ Postcode: _____
Telephone: _____ Business: _____ Mobile: _____
Fax: _____ Email address: _____
Policy No: _____ Expiry Date: _____ Excess Amount: \$ _____

COMPANY DETAILS (For Company or Commercial Claims Only):

Company Name: _____ ABN#: _____
Are you registered for GST purposes? Yes No What extent are you entitled to claim an ITC? _____%

PART B - INCIDENT DETAILS

Nature of Loss: Fire Storm Burglary Malicious Damage
 Flood Liability Impact Machinery Breakdown
Date of Loss/Incident: _____ Time of Incident: _____ AM PM
Location of Loss/Incident: _____
What was lost or damaged and how did it occur? (Please explain in detail)

Are you the owner of the property lost or damaged: Yes No (If no, complete following)
Owner's Name: _____
Address: _____ State: _____ Postcode: _____
Was the incident reported to the policy? Yes No If yes, Report No: _____
Officer's Name _____ Station Name: _____ Date Reported _____

PART C – THIRD PARTY DETAILS

Was a third party responsible for the damage? Yes No (If known, complete following)
Person Responsible Name: _____ Phone Number: _____
Address: _____ State: _____ Postcode: _____
Other details (e.g. registration no.) _____
Witnesses: Were there any witnesses to the Incident? Yes No (If known, complete following)
Witness Name: _____ Phone Number: _____
Address: _____ State: _____ Postcode: _____
Other Insurance: Is there any other Insurance on the property? Yes No (If yes, complete following)
Name of Insurer _____ Policy Number: _____

PART D- SCHEDULE OF GOODS

Description of property lost/damaged/stolen	Amount Claimed	ITC Entitlement
1. _____	\$ _____	_____ %
2. _____	\$ _____	_____ %
3. _____	\$ _____	_____ %
4. _____	\$ _____	_____ %
5. _____	\$ _____	_____ %
	Total Claimed:	\$ _____