



PROPERTY CLAIM

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company.

Shaded areas for office use only. Please print clearly.

Claim Number

1. Your Details

Policy Number

Name of Insured

Contact Name

Postal Address

Postcode:

Address where insured property kept

Postcode:

Telephone

Home

Work

Occupation

2. Interested Parties

Is the property you are claiming for under a financial agreement (eg. mortgage/lease)?

No

Name of financier

Yes

Contract Number

3. Type of Claim

Burglary

Plate Glass

Money (Cash)

Fire

Fidelity

Other

Postcode:

4. Incident Details

Date of Incident

Time

 am/pm

Where did Incident occur? (Give address)

Postcode:

5. Incident Description

Give details of how incident happened (if a burglary, include how entry was gained) and who caused damage

6. Police

Have Police been notified?

No

Police Station

Yes

Date

Police report number

Have you taken any other action to recover or reduce your loss?

No

Yes

Give details

Postcode:

Please continue on next page

