



American Home Assurance Company
 ABN 67 007 483 267
 Incorporated with Limited Liability in the USA
 A Member of American International Group, Inc.

Melbourne: 549 St. Kilda Road, Vic. 3004. (03) 9522 4000 GPO Box 4363, Melbourne 3001.
 Sydney: Level 19, Citigroup Centre, 2 Park Street, Sydney, NSW 2000. (02) 9240 1711
 Brisbane: Level 32, 10 Eagle Street, QLD 4000. (07) 3220 0700
 Perth: Level 13, Allendale Square, 77 St. George's Terrace, WA 6000. (08) 9202 1366

REPORT OF LOSS AND/OR DAMAGE

THE ISSUE BY THE COMPANY OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY. THE FORM SHOULD BE COMPLETED AND RETURNED TO THE COMPANY WITHIN SEVEN DAYS OF ITS RECEIPT BY THE INSURED

PLEASE ANSWER ALL QUESTIONS AS FULLY AS POSSIBLE

Policy No _____

Name of Insured (In Full) _____

Telephone Number _____

Contact Email Address _____

Business Address _____

Person to Contact _____

What happened? _____

When and where did it happen? DATE _____ / _____ / _____

TIME _____ : _____ AM / PM

LOCATION _____

Give the date the police were advised and the location of the station. _____

Were there any other insurances in force covering the property at the time of the loss? If so, give particulars and name of company. _____

Have you previously sustained any theft, loss or damage to property? _____

If so, was a claim made upon any insurer? Name of insurer, nature of any loss, and amount paid should be recorded. _____

I HEREBY WARRANT THE TRUTH OF THE FOREGOING STATEMENTS

Signed _____ Date _____ / _____ / _____

Broker _____

PLEASE LIST ITEMS BELOW

Please attach receipts / invoices for all articles listed.

DESCRIPTION OF ARTICLE	COST PRICE	AMOUNT CLAIMED	REMARKS

