

SPECIFIED ITEMS CLAIM FORM

CLAIM NUMBER:

Please answer all questions in full. Any delay returning this form may prejudice your claim under the Policy .

1. Name and address of Insured _____
 _____ Tel No. _____
2. Name and address of other interested parties _____

Please answer all questions in full and as soon as reasonably practical send to the company at the address in your state of residence

ARE YOU REGISTERED FOR GST PURPOSES?

No? Yes? ➤ What is your ABN? _____

Have you claimed an input tax credit on the GST amount applicable to this policy?

No? Yes? ➤ Is the amount claimed less than 100% of the GST applicable to the premium? No? Yes? ➤ Specify the percentage amount claimed _____%

1. Policy number and where issued	
2. Address or location where loss or damage occurred	
3. Full particulars of circumstances giving rise to the loss or damage (give full details on back hereof)	
4. Date and time when loss or damage occurred	
5. If claim has arisen from theft - please give details and date policy and other parties were notified by you in regard to possible recovery	
6. Result of claim made against any third parties (give details) and attach copies of correspondence.	
7. Was the loss caused by forcible entry into vehicle or premises? If theft from vehicle - where and what period was vehicle parked?	YES / NO

