



A.I.S. Insurance Brokers Pty Ltd
 137 Moray St South Melbourne 3205
 (P.O. Box 7660 Melbourne 3004)
 Telephone (03) 8699 8888
 Facsimile (03) 8699 8899

PHOTOGRAPHIC EQUIPMENT CLAIM FORM

Insured		Policy No	
Address		Postcode	
Are you registered for GST: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, ABN No _____ ITC Proportion _____ %			
Business		Home	
Mobile		Facsimile	
Occupation			

Are there any other Insurance's in force that would cover this in whole or in part?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide insurer and policy details	
Are you the sole occupier of the premises where the loss occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, provide details	
Are you the owner of the property for which this claim is being made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, provide details	

DETAILS OF LOSS OR DAMAGE

Please state the date of damage		Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
When was the loss / damage / occurrence first noticed and reported to you?		Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Place and/or premises where it occurred			
Please state fully how the loss, damage or accident occurred?			
Please describe nature of damage or loss			

RESPONSIBILITY / WITNESS

Was another person, in your opinion responsible for the loss or damage or cause of the occurrence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details	
Was there a witness or witnesses to this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details	

INSURANCE HISTORY

Have you previously sustained loss or damage or caused damage or injury to third parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details	
If yes, was an Insurance Company involved	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide insurer and policy details	

DESCRIPTION OF PROPERTY LOST OR DAMAGED (if insufficient space please attach details separately)

Item Description	Purchased	Supplier	Purchase Price	Amount Claimed
	/ /		\$	\$
	/ /		\$	\$
	/ /		\$	\$
	/ /		\$	\$
	/ /		\$	\$

BURGLARY THEFT OR MALICIOUS DAMAGE

Are you claiming for Burglary, Theft, or Malicious Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide full details of method of entry	
Were the police notified	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so When	Police Station
	Officer
	Report No
State reason if not reported to the police?	

I / We hereby declare that the forgoing particulars are true and correct in every respect	
Signed	X
Date	