

# claim advice

If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.

Vero Insurance Limited ABN 48 005 297 807



Dear Customer,

Our aim is to settle your claim as quickly as possible. You can help us to do this by ensuring that **ALL** questions are fully answered, otherwise we may need to return the Claim Advice for further completion. Also, please assist us by obtaining **repair/replacement quotations for the property/article which has been lost/damaged, and documentation to substantiate ownership (eg. operation manual, original purchase invoice or receipt, valuations, photograph).**

## Section 01 policy details

Claim No.

Full Name of Insured

Address of Insured

  
  

Policy No.

State

Postcode

Telephone A/H

Telephone B/H

Mobile

( )

Email

( )

## Section 02 GST details (This section must be completed for ALL claims)

Are you registered for GST? (Please tick the appropriate box)

Yes

No  (If No, proceed to Section 3 below)

If Yes, what is your ABN?

What was the extent of your entitlement to an Input Tax Credit (ITC) on the GST on the Insurance premium?

Full  %    Partial  %    Nil  %

What was the extent of your entitlement to an Input Tax Credit (ITC) on any damage reinstatement costs you have claimed on or are claiming?

Full  %    Partial  %    Nil  %

## Section 03 general details of loss/damage

Date of Loss/Damage

/  /

Time of Loss/Damage

am/pm

Date of Discovery  
of Loss/Damage

/  /

Situation of Loss

Circumstances of Loss

  
  
  
  
  
  
  
  
  
  

If another party was responsible for the loss/damage please give details:

**Section 04 ownership details**

Are you the owner of the lost/damaged property?

Yes  No  If No, please state the name and address of all other parties:

Was the lost/damaged property subject to finance/lease agreement?

No  Yes

Was the lost/damaged property covered under another insurance policy?

No  Yes  If Yes, detail:

**Section 05 police information**

**(Please note that this section must be completed for ALL Fire, Burglary, Theft, Malicious Damage and Accidental Loss Claims)**

Were the Police Advised? No  Yes  If Yes, When (Date)  /  /

Did the Police Attend? No  Yes  If Yes, When (Date)  /  /

Date  
 /  /

Officers name

Details of Station that Loss was Reported to:

Report No.

**Section 06 statement of claim**

Description of Property/Article lost, stolen, damaged or destroyed	Date of Purchase	Purchase Price	Replacement Cost	ITC% Entitlement	Net Amount Claimed

**Section 07 declaration**

I/We the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/we have not withheld any information relevant to this claim.

Claimant Name 1

Signature 1

Date  /  /

Claimant Name 2

Signature 2

Date  /  /