



A.I.S. Insurance Brokers Pty Ltd
 137 Moray St South Melbourne 3205
 (P.O. Box 7660 Melbourne 3004)
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MUSICAL INSTRUMENT 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