

A.I.S. Insurance Brokers Pty Ltd ACN 065 797 597 ABN 36 543 825 719 AFS Licence No. 255304 137 Moray Street South Melbourne 3205 PO Box 7660 Melbourne Victoria 3004 Australia Telephone +61 3 8699 8888 Facsimile +61 3 8699 8899 email insure@aisinsurance.com.au www.aisinsurance.com.au

## **MUSICAL INSTRUMENT CLAIM FORM**

| Insured                                                                                            |                      |             |                       | Polic | cy No    |      |       |
|----------------------------------------------------------------------------------------------------|----------------------|-------------|-----------------------|-------|----------|------|-------|
| Address                                                                                            |                      |             |                       | FOIIC | Postcode |      |       |
|                                                                                                    |                      |             |                       |       | portion  | %    |       |
| Business                                                                                           |                      |             | Home                  |       |          |      | ,,    |
| Mobile                                                                                             |                      |             | Facsimile             |       |          |      |       |
| Occupation                                                                                         |                      |             |                       |       |          |      |       |
| Are there any other Insurance's in force that would cover this in whole or in part?                |                      |             |                       |       |          | □ No |       |
| If Yes, provide insurer                                                                            |                      | Would Cover | this in whole of in p | Juit: |          | 100  |       |
|                                                                                                    | and poney dotains    |             |                       |       |          |      |       |
| Are you the sole occupier of the premises where the loss occurred?                                 |                      |             |                       |       | ☐ Yes    | ☐ No |       |
| If No, provide details                                                                             |                      |             |                       |       |          |      |       |
|                                                                                                    |                      |             |                       |       |          |      |       |
| Are you the owner of the property for which this claim is being made?                              |                      |             |                       |       | ☐ Yes    | ☐ No |       |
| If No, provide details                                                                             |                      |             |                       |       |          | •    |       |
|                                                                                                    |                      |             |                       |       |          |      |       |
| DETAILS OF LOSS OR DAMAGE                                                                          |                      |             |                       |       |          |      |       |
| Please state the date of damage Time                                                               |                      |             |                       |       | AM/PM    |      |       |
| When was the loss / damage / occurrence first noticed and reported to you?                         |                      |             |                       | Time  |          |      | AM/PM |
| Place and/or premises where it occurred                                                            |                      |             |                       |       |          |      |       |
| Please state fully how damage or accident oc                                                       | the loss,<br>curred? |             |                       |       |          |      |       |
| Please describe nature or loss                                                                     | of damage            |             |                       |       |          |      |       |
| RESPONSIBILITY / WITNESS                                                                           |                      |             |                       |       |          |      |       |
| Was another person, in your opinion responsible for the loss or damage or cause of the occurrence? |                      |             |                       |       |          | ☐ No |       |
| If Yes, provide details                                                                            |                      |             |                       |       |          |      |       |
| Was there a witness or witnesses to this event?                                                    |                      |             |                       |       | ☐ Yes    | ☐ No |       |
| If Yes, provide details                                                                            |                      |             |                       |       |          |      |       |
|                                                                                                    |                      |             |                       |       |          |      |       |

## **INSURANCE HISTORY**

| Have you previously sustain                                   |                            | Yes No                    |                                |          |                |  |
|---------------------------------------------------------------|----------------------------|---------------------------|--------------------------------|----------|----------------|--|
| If Yes, provide details                                       |                            |                           |                                | <b>,</b> |                |  |
|                                                               |                            |                           |                                | <u> </u> |                |  |
| If yes, was an Insurance Co                                   | L                          | Yes No                    |                                |          |                |  |
| If Yes, provide insurer and p                                 | oolicy details             |                           |                                |          |                |  |
|                                                               |                            |                           |                                |          |                |  |
| DESCRIPTION OF                                                |                            | T OR DAMA<br>etails separ | GED (if insufficient<br>ately) | space pl | ease attach    |  |
| Item Description Pur                                          |                            | ed Supplier               | Purchase                       | Price An | Amount Claimed |  |
|                                                               | 1 1                        |                           | \$                             | \$       |                |  |
|                                                               | 1 1                        |                           | \$                             | \$       |                |  |
|                                                               | 1 1                        |                           | \$                             | \$       |                |  |
|                                                               | 1 1                        |                           | \$                             | \$       |                |  |
|                                                               | 1 1                        |                           | \$                             | \$       |                |  |
|                                                               | BURGLARY TH                | IEFT OR MA                | LICIOUS DAMAGE                 |          |                |  |
| Are you claiming for Burglary, Theft, or Malicious Damage?    |                            |                           |                                |          |                |  |
| If Yes, provide full details of                               | method of entry            |                           |                                |          |                |  |
|                                                               |                            |                           |                                |          |                |  |
| Were the police notified                                      | ☐ Yes ☐ No                 | Police Station            |                                |          |                |  |
| If so When                                                    | If so When                 |                           | Officer F                      |          | Report No      |  |
| State reason if not reported                                  | to the police?             |                           |                                |          |                |  |
|                                                               | Electronic F               | unds Trans                | fer (EFT) details              |          |                |  |
| . Do you want the benefit to                                  | be deposited directly into | a financial instit        | ution account via EFT?         | Yes      | No 🗌           |  |
| 2. Name the account is held in:                               |                            |                           |                                |          |                |  |
| BSB number (6 digits in total)                                |                            |                           |                                |          |                |  |
| I. Financial institution account number (up to 9 digits only) |                            |                           |                                |          |                |  |
| 5. Financial Institution                                      |                            |                           |                                |          |                |  |
|                                                               |                            |                           |                                |          |                |  |

## **Privacy Consent**

| consent to A.I.S. Insurance Brokers Pty Ltd:                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |  |  |  |  |  |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--|--|--|--|--|
| (a)                                                                                       | ecting and using my personal information for the purposes of administering my claim including investigating, assessing paying any claim made by me or on my behalf. (If we do not collect this information we may not be able to process claim.)                                                                                                                                                                                                                                         |         |  |  |  |  |  |
| (b)                                                                                       | Disclosing my personal information to related entities of A.I.S. Insurance Brokers Pty Ltd, the insured (if not myself), other insurers and reinsurers, insurance reference bureaus, law enforcement agencies, investigators, lawyers, assessors, repairers, advisors and the agent of any of these, insurance broker, insurance agent or other intermediary, my employer or Financial Ombudsman Service Limited (FOS) for the purposes of administering my claim or providing a report. |         |  |  |  |  |  |
| (c)                                                                                       | understand that a copy of the A.I.S. Insurance Brokers Pty Ltd privacy policy statement, including information about access, may be obtained by downloading a copy from A.I.S. Insurance Brokers Pty Ltd website <a href="https://www.aisinsurance.com.au">www.aisinsurance.com.au</a> or calling 03 8699 8888.                                                                                                                                                                          |         |  |  |  |  |  |
|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |  |  |  |  |  |
| Signed:                                                                                   | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _ Date_ |  |  |  |  |  |
|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |  |  |  |  |  |
| I / We hereby declare that the forgoing particulars are true and correct in every respect |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |  |  |  |  |  |
| Signed                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date    |  |  |  |  |  |

## Please submit your claim form and supporting documents to:

A.I.S. Insurance Brokers Pty Ltd P.O. Box 7660 Melbourne VIC 3004

Email: claims@aisinsurance.com.au