



PROPERTY CLAIM REPORT

POLICY HOLDERS DETAILS

- Policy Number (From your schedule)** **Expiry Date**

- Insured (Surname, Company, Partnership, Occupation)**

Given Name(s) of the Insured **Contact Person (for the company or partnership)**

- Are you registered for GST Purposes?**

No Yes **What is your ABN?**

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?

No Yes **Percentage Claimable**

- Address**

- Contact Number/s**

INCIDENT DETAILS

- Date** **Time** **AM** **PM**

- How did the Loss / Damage occur?**

- Description/List of Items Claimed**

9. Where did the loss occur?
Address?

10. Do you know who is responsible for the loss, theft or damage to your property?
If yes, please provide their name, phone number and address.

11. Were there any witnesses to the event?
If yes, please provide their name, phone number and address.

**You must Report any loss, theft or vandalism of property to the police.
We may need to apply to the police for a copy of this report**

12. Name of Police station loss recorded

Name of police Officer

Police Report Number

Date Reported

13. Is the property repairable?

Yes - Attach a quote for repairs

No - Attach original receipts, valuations, quote for replacement or certification from a repairer,
confirming the item is unrepairable

DECLARATION

I declare that to the best of my knowledge and belief the information in this form is true and correct and
I have not withheld any relevant information.

Signature of the insured or person with authority to
Sign for and on behalf of a company or partnership

Date