

Insured details

Name of Insured: _____	
Claim number (if known): _____	
Policy number:	Expiry date: / /
Postal address: _____	
Phone number: Home: _____	Work: _____
Occupation: _____	Type of policy: _____

Details of damage or loss

You must immediately inform the police if property has been lost or if you suspect burglary, theft, arson, malicious damage or any other criminal act has caused the damage or loss.

Date: / /	Day of the week: _____	Time: _____	am/pm
If Theft/Burglary, between what hours: _____ am/pm and _____ am/pm			
Where did the loss occur? _____			
Brief description (including cause of loss or damage): _____			

Name and address of person causing damage: _____			

If reported to police, date reported: / /		Name of police station: _____ (Attach police acknowledgement form)	
Amount claimed (as shown on the Schedule on reverse side of this form): \$ _____			

Other particulars

When was the loss discovered and by whom? _____
If Theft/Burglary, how was entry to the premises affected and was any damage caused gaining entry? _____

Were the premises occupied at the time of loss? _____
Has any arrest been made or is anybody suspected of the theft or any other crime? _____
Has any of the property been recovered? _____
If the premises are not owned by you does the lease make you responsible for repairing any damage? _____
Are you the sole owner of property damaged or stolen? Yes <input type="checkbox"/> No <input type="checkbox"/> If No , please name any other interested party (e.g. mortgagee, trustee etc.): _____
Name: _____ Branch: _____
Details of other insurances covering the property claimed for: _____
Have you had a loss or made a claim against any Insurance Company in the past 5 years (regardless of the amount), or ever had a loss exceeding \$5,000? (If so, please supply details including Insurer's name.) _____

Please return this form promptly to the Company with all questions on both sides fully answered. If any question is not applicable, state "N/A"

