

## PROPERTY CLAIM FORM

### 1. Claim Details

Name of Insured

Policy Number

Contact Number

Excess Applicable (claims officer to advise)

Postal Address

Date and time of incident or loss

Police Report Number (if applicable)

Address/location where the incident or loss occurred

Circumstances of loss or incident

List of stolen items or description of damages

### 2. Payment Details

In the event the claim is accepted the insurer can issue settlement directly into a nominated bank account.

Please provide your account details below;

Account Name

BSB

Account Number

Are you registered for GST?

No

Yes

ABN

Are you entitled to claim GST for the repairs or replacement of the damaged item(s)?

If yes, please specify the percentage claimable