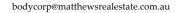
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INSURANCE CLAIM FORM

Please return the completed insurance claim form along with the following supporting documents: -

- Proof that the cause of the damage has been rectified (i.e. invoice, report etc.)
- Two (2) comparable quotes covering all necessary repairs to any sustained structural damage.
- Please supply any supporting photographs for any sustained damage.

Please note that the insurance company will not process a claim without the reason of the damage being fixed first.

TODAY'S DATE			
BUILDING NAME & CTS NO			LOT NO
BUILDING ADDRESS			
SUBURB		STATE	POST CODE
YOUR STATUS (please select)	OWNER	AGENT	TENANT
CONTACT NAME			. PHONE/MOBILE
EMAIL			
TIME & DATE OF INCIDENT			
WHO/ WHAT CAUSED THE DAMAGE?			
FULL DESCRIPTION OF LOSS/ DAMAGE			
PROOF OF THE CAUSE OF DAMAGE BEEN FIXED? (please select and attach to this insurance claim form)			
INVOICE REPORT	OTHER (please specify)	
FOR MALICIOUS DAMAGE -			
DATE REPORTED			
POLICE STATION REPORTED TO			
OFFICER'S NAME			
POLICE CRIME REPORT NUMBER (for Break & Enter Claims Only)			
***PLEASE PROVIDE 2 QUOTES FOR NECESSARY REPAIRS TO STRUCTUAL DAMAGE.			
SIGNED:		DA	ATED:

OFFICE USE ONLY