

## 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 oc	cured
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 What is your ABN

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

Is yes, please specify the percentage claimable



Phone: 08 9349 7900 Fax: 08 9349 7677

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