

## The issue of this form is not an admission of liability

Type of Policy	Policy No.	Date		Amount	\$	Excess	\$
Insured Name				Tel No.			
Postal Address							
Date of Event	/ /20	at 🛛	am / 🗆 pm	Or betweer	n 🗆 am / 🗆	pm and	□ am / □ pm
Where did the event occur?							
Brief Description (including cause of loss or damage)							
Amount claimed (as shown on the Schedule following)	\$						
Is any Third Party to blame for loss or damage?	Yes 🗆 No	□ If yes, wh	0?				
Have you received/anticipate receiving Notice of any Claim from or on behalf of Third Parties?	Yes 🗆 No	If yes, give details:					
Name/s and address/es of witness/es, if any:							
Have Police been notified?	Yes 🛛 No If yes, please advis			By Whom?		Date of report:	
Have you taken any other action to recover or reduce your loss?							
	Name of Owner or Property Lost/Damaged						
Other Particulars	Name of any other Interested Party (eg Mortgagee, Trustee)						
	Details of other insurances covering damaged property						



## DETAILED STATEMENT OF CLAIM

Please note, it is not necessary to deduct an amount for age use etc (ie depreciation) if policy issued on Replacement Conditions

Full description of property lost or damaged	Name and address of party from whom purchased or acquired	y from purchased		Deduction for age use and/or wear and tear	Sum claimed as present value
or acquired			\$	\$	\$

## DECLARATION

## (If a firm, this declaration must be made and signed by a member of the firm, so describing himself)

I/We declare that the above answers are true and correct, that I/We have in no manner caused the loss or by any fraud or wilful misrepresentation sought unjustly to benefit by the event and that the information detailed in the Schedule appearing above is a true and faithful account of the actual loss sustained excluding any profit or advantage. I/We undertake and agree to notify the Company immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of the Company to return the property or to refund the amount of money received by way of compensation.							
Dated at	this		day of		20		
Signature							
Witness Name	Signature						
Witness Address							