



Australasia Insurance Brokers Pty Ltd
 A.B.N. 41 063 324 998 AFS Licensee No. 229568
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 Chatswood, NSW 2067.
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GENERAL CLAIM FORM

THE POLICY					
Name of Insured				Tel. No	()
Postal Address	C/- AAIB, PO Box 773, Chatswood NSW 2057			GST registered?	YES / NO
Insurance Company		Policy No		Due Date	/ /
THE EVENT					
Date of event					
Where did event occur?					
How did event occur?	(Please specify cause of loss or damage)				
How much is claimed in total? Please list details on Schedule on the reverse side of this form and attach all invoices, quotations)					\$
Is this claim made on Loss by Burglary or Theft?	Yes / No	If Yes, please describe method of entry			
Have Police been informed?	Yes / No	If Yes, please give details in the following:-			
Station		Date	/ /	Report Number	
Have you taken any other action to recover or reduce your loss?					
THIRD PARTY & WITNESS					
Is any Third Party to blame for Loss or Damage?		Yes / No	If Yes, please give details in the following:-		
Name		Address			
Have you received, or do you expect to receive, notice of any claim from or on behalf of Third Parties? (Please give details)					
Are there any witness(es)?		Yes / No	If Yes, please give details in the following:-		
Name		Address			
Name		Address			
Name		Address			
OTHER PARTICULARS					
Who is the owner of property lost/damaged?					
Who are the interested party (e.g. Trustee, Mortgagee), if any?					
Is the lost/damaged property covered by other insurances?		Yes / No	If Yes, please give details:		
DECLARATION					
<i>(If this claim is made by a firm, this declaration must be signed by a member of the firm, so describing himself).</i>					
I/We do hereby declare that the information given in this Claim Form are true and correct, that I/We have in no manner wilfully caused the said loss or by any fraud or misrepresentation sought unjustly to benefit by the said event and that the information detailed in the Schedule appearing on the back of this Claim Form is a true and faithful description of the actual loss sustained excluding any profit or advantage.					
And I/We hereby undertake and agree to notify (Australasia Insurance Brokers Pty Ltd (the Company) immediately of the subsequent recovery, if any, of the lost or stolen property mentioned in this claim, and at the option of the Company to return the said property or to refund the amount of money received by way of compensation in respect thereof.					
Dated		Signature of the Insured		ABN	
Position with Company (if claim made by a firm)				% of input tax credit for this policy	%

SCHEDULE

LOSS OF PROPERTY					
Description Of Property Lost	Date Of Purchase Or Acquisition	Replacement Cost	If Repairable, State Cost Of Repair	Amount Of Loss Claimed	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
TOTAL AMOUNT OF LOSS CLAIMED				\$	
DAMAGE TO PROPERTY					
Particulars	Name Of Repairer (Please enclose Invoice/Quote)		Cost Of Repairs		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
TOTAL AMOUNT CLAIMED			\$		
THIRD PARTY CLAIMS					
Who is the Third Party in this claim?			Age (if known)		
Address					
Occupation (if known)					
Nature and extent of injuries/damage					
What is the relationship, if any, between you and the Third Party?		Relative / Employee / Others (Please specify)			
Have you received any correspondence from Third Parties?		Yes / No	If Yes, please send them to us together with this form.		
Have you made any admission of liability?		Yes / No			
Other Information					
FUSION DAMAGE					
Type Of Machine / Appliance	Manufacturer	Horse Power of Motor	Date Of Purchase	Name Of Repairer (Please enclose Invoice/Quote)	Cost Of Repairs
					\$
					\$
					\$
					\$
					\$
TOTAL COST OF REPAIRS					\$