

If you need any help with this form, please contact our Frank Risk Management office on (07) 903 5000.

Warning

If you supply any untrue or false information and know that it is not true the insurer shall have the right to refuse the claim. We recommend that you read the Claims section of your policy. Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A". You must not incur any expense (unless it is to minimise the loss), or admit fault, without your insurer's permission.

Part A: The Insured

Name of insured:

Postal address:

Best contact phone no:

Insurer: Policy no:

Part B: The Accident

1. Where did the loss or damage happen? (please give the full address or details of the location):

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2. When did it happen? (please give date and time):

3. When did you first know about it?

4. How did the loss or damage happen? (please give full details):

.....

.....

5. Have you done anything to reduce or recover the loss or damage? Yes No

6. If you answered 'YES', please give details:

7. Were there any witnesses? Yes No

Do you think that any other person is responsible for the loss or damage? Yes No

If you answered 'YES' to questions 6 or 7, please give details:

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Part C: Burglary

1. Does this claim involve burglary, theft, unexplained loss or intentional damage? Yes No

If 'NO' Please go to Part D. If 'YES' it must be reported to the Police, and questions 2 & 3 answered.

2. Is a Police Complaint Acknowledgment attached? Yes No

If 'NO' please complete the details below:

Reported by: To (station name):

On: Complaint ref. no: Name of Attending Officer:

3. If the loss or damage involved a burglary (or an attempted burglary):

Did the premises have a burglar alarm? Yes No Don't Know

If 'YES', was the alarm on at the time the loss or damage happened? Yes No Don't Know

Part D: General Questions

- 1. Do you have any other insurance which covers this loss or damage? Yes No
2. Have you claimed on any type of property insurance in the past 5 years? Yes No
If 'YES' to question 1 or 2 please give full details (include date, type of claims and name of insurer):

Part E: The Property Lost or Damaged

- To support ownership and the amounts claimed, please attach receipts, valuations, guarantees, current quotations or other documents.
Wilful or reckless exaggeration of any amount claimed will forfeit the claim.
If at all possible, keep damaged items available so they can be inspected if needed.

Office use

Table with 7 columns: Description of item, From whom obtained, Date obtained, Current replacement, Repair cost, Deduction for age, use or wear & tear, and Office use.

If there is not enough room to list everything you are claiming for, please attach an additional list.
Is there an additional list attached? Yes No
Amount \$
Excess \$
Claim Total \$

- 1. Are you the sole owner of the lost or damaged property? Yes No
If 'NO', please give full details of the owner, or of any other person who owns a share of the property
2. Is any of the lost or damaged property subject to any financial or hire purchase agreement? Yes No
If 'YES' please give full details below
3. If the lost or damaged property is a building, who occupies it? Owner Tenants Other
If 'TENANTS' or 'OTHER' please give their details:

Part F: Declaration and signature

(Please read and sign) - I declare that:

- 1 MATERIAL FACTS (a) All information provided in connection with this claim (whether oral or written) is true and correct;
2 USE OF INFORMATION (a) My personal information collected in connection with this claim may be disclosed to:
PLEASE NOTE
The insurer will gather information about you (including your claims history) to consider your claim.

Signed on behalf of all insureds:

Signature: Name:
Date: