

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

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.

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):			
				••••
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:			

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:				
	On:				
3.	If the loss or damage involved a burglary (or an attempted burglary):				
	Did the premises have a burglar alarm?	Yes	No 🛑	Don't Kn	iow 🥚
	If 'YES', was the alarm on at the time the loss or damage happened?	Yes	No 🛑	Don't Kn	iow 🥚

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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):	
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Part E: The Property Lost or Damaged

- To support ownership and the amounts claimed, please attach receipts, valuations, guarantees, current quotations or other documents. If repairs have been paid for, please attach a receipt or account.
- 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.

Description of items						Offic	
Description of item (include any serial numbe		whom obtained ne and address)	Date obtained (if secondhand state item age when obtained)	Current replacement	Repair cost	Deduction for age, use or wear & tear	
					Amount	\$	
there is not enough room	to list everything you	are claiming for, p	olease attach an ado	litional list.	Excess	\$	
there an additional list a		8 71	Yes	No 🔵	Claim Total	\$	
A							
Are you the sole owned					· · · · · · · · · · · · · · · · · · ·	Yes	
If 'NO', please give fu contact phone numbe						iame, address	and
Is any of the lost or da						Yes	No
If 'YES' please give fu			-	-	nortgagee etc):		
If the lost or damaged	· · ·				Owner		
If the lost or damaged If 'TENANTS' or 'O'	· · ·						
If 'TENANTS' or 'O'	THER' please give the	eir details:					
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