



General Claim Form

Policy Number: _____ Type of Policy General Property Public Liability Negligence Studio

Personal Details

Surname: _____

Given Name(s): _____

Address: _____ Suburb: _____

City / Town: _____ Postcode: _____

Email Address: _____ Contact Phone Number: _____

General Questions

Where did the event occur?

Brief Description, including the cause of loss or damage:

Amount claimed (as shown in the schedule) \$ _____

Is any third party to blame for loss or damage? Yes No

If Yes, please name:

Have you received or anticipate receiving Notice of any Claim from or on behalf of Third Parties? Yes No

If Yes, please give details:

Name and addresses of witness(s): Nil

Have Police been notified? Yes No

If Yes, please state:
Station: _____ By Whom: _____ Date of report: _____

Have you taken any other action to recover or reduce your loss? Yes No

Other Particulars

Name of owner of Property lost or damaged: _____

Name of any other interested parties: (ie. Mortgagee, Trustee) _____

Details of other insurances covering damaged property: _____

