



GENERAL CLAIM ADVICE

Personal [] Commercial []

Loss Type



Pursuant to the Privacy Act 1993 the following is brought to your attention:

- (a) This claim form collects personal information about you;
(b) The information is collected to evaluate your claim;
(c) The intended recipient of the information is: The Insurer named below (hereinafter called "the Company") and is being held by them at their Head Office
(d) The collection of this information is required pursuant to the terms of your insurance policy;
(e) The failure to provide this information may result in your claim being declined;
(f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Claim No : Policy No :
Insurance Coy : Due Date :
Branch : Excess : Premium Paid: Y / N

A. POLICY HOLDER

Full name of insured: Mr/Mrs/Miss/Ms
Postal Address Telephone Day
Occupation Employer Night
Email:.....
Bank Account Number for Direct Credit Payment:

B. CIRCUMSTANCES OF LOSS. PLEASE COMPLETE IN ALL CASES

- 1) Date:/...../20..... Day: Time:
2) Where did loss occur?
3) Please explain what happened:.....
4) Is there any other insurance with any Company relating to this loss. If so, Give particulars:
5) If loss caused by another person please give name and address:
6) Have you, within the past 5 years, made a claim against any Insurance Company? If so, please supply details including Company name.....

C. COMPLETE IN ALL CASES RELATING TO PROPERTY LOSS OR DAMAGE

- 1) Are you the sole owner of the property concerned? Yes [] No []
If No, Supply details of other interest and party concerned:
2) If burglary, loss, or theft claim
To which Police Station was it reported? Date Reported
Acknowledgement form attached. Yes [] No []
If burglary, state means of entry to premises

