**PROPERTY CLAIM FORM**

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| Date: | Date Lodged: |
| Contact Name: | Claim No: |
| Phone: | Claim Manager: |
| Mobile: | Phone No: |
| Email: | Assessor Details: |

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| **Insured:** |
| Underwriter: | Excess:  |
| Policy Type: | Policy No: |
| Registered for GST: Yes / No | Amount: % |
| ABN: |  |

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| --- |
| **Type of Claim:** |
| Date of the Incident: | Time:  |
| Location: |
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| How did the incident happen: |
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| **Other details:** |
| Where the police called: Yes / No | Attending Officer: |
| Incident No: | Police Station: |
| Third Party details: |
|  |

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| **Repairers name:** |
| Phone number: | Do you have a quote|tax inv: Yes / No |
| Email: | Do you have images: Yes / No / NA |
| Other details: |
|  |

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| --- |
| **Comments:** |
|  | $ |
|  | $ |
|  | $ |
| Less GST  | $ |
| Less Excess | $ |
| Claim Total | $ |