

## **PROPERTY**ELECTRONIC CLAIMS ADVICE

Date: Entered by:	
STEP 2: THE INSURED	
Surname:	First name:
Street address:	Suburb/Rural area:
Town/City:	Town/City (if other):
Home phone:	Work phone:
Mobile:	Email:
Bank Account No: Bank Branch Account Nu	mber Suffix
STEP 3: POLICY DETAILS	
Cover No: Cover type:	Branch:
Name on Policy:	
Policy Excess:	
STEP 4: AFFIRMATION RECORD (MANDATOR)	
The following statement has been read to the Insured:	Yes No
access to this information  2. As part of your claim, we can give information to or get information.	ely honest, then your claim may not be paid and your policy could be affected.
STEP 5: INSURED DETAILS	
Have you ever been refused vehicle insurance or had a policy ca	incelled or not renewed?
In the past 7 years, have you been convicted of a criminal offen	ce? Yes No
If answered 'yes', please provide details:	

## STEP 6: GENERAL CLAIM DETAILS \_\_\_\_\_ Time of loss: \_\_\_\_\_ Date of loss: \_\_\_ Where did the loss occur? \_\_\_\_\_ Description of incident: Description of item: Any witnesses? No If answered 'yes', please give details: \_\_\_\_\_ Have you done anything to reduce or recover the loss or damage? If answered 'yes', please give details: For Burglary, Theft, Unexplained Loss or Intentional Damage Claims Only Yes No Have the Police been advised? If Police advised, their reference number: Did the premises have a burglar alarm? If 'yes', was it on at the time of loss? STEP 7: REMAINDER OF CLAIM Date Purchased/Age: \_\_\_ Hire Purchase Yes No Insd confirms ownership Yes No **Property Tenanted** Yes No Quote/Estimate: Police File Who do you consider responsible? \_\_\_\_\_ Excess: Standard: \_\_\_\_\_ Imposed: \_\_\_\_\_ Voluntary: \_\_\_\_\_ Total excess: \_\_\_ STEP 8: ANY ADDITIONAL COMMENTS/INFORMATION

MANAGED BY

IN PARTNERSHIP WITH

