

## PROPERTY CLAIM FORM

Pacifical diddes  Suburu  State   Postcade	THE APPLICANT/S					IMPORTANT INFORMATI	ON		
Position of the port of the company	Name of insured					The issue or acceptance of th	nis form is n	ot to be	e construed as an
Phone (Ihm)	Postal address								
Phone (him)	Suburb	State Postcode	:			Please provide complete det	ails to the o	questio	ns asked on this
Places agent the completed claim as soon as possible to your Insurance achies or or broker.    Place   Place   Places agent the completed claim as soon as possible to your Insurance achies or broker.    Place   Pla							ace for you	r answe	ers please attach
Policy No.   Expiry date						·			
SECTION 8 POLICE  Section 8 Police  Section 8 Police  Hove gour sported the incident to the policer   No   Yes   Police Station   Date place Report No.   Time    SECTION 8 POLICE  Hove your sported the incident to the policer   No   Yes   Police Station   Date   Police Report No.   Time    SECTION C BURCHARY / THEFT  Was any part of the property braken into?   No   Yes   If yes, how was entity gained? Please provide details.  SECTION D OWNERSHIP AND OTHER INSURANCE  Are you the sale owner of the damaged or last property?   No   Yes   If no, please provide details.  SECTION E RESPONSIBLE PARTY Do you brown the traine and address of the porty that may be responsible for this incident? If you do, please provide redails below.  Withesa name   If damage caused by a vehicle, please provide the following: Make   Make   Suburb   State   Postcode   Make   Make									
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Date of occurence Time   Suburb   State   Postcode     Please describe what happened    Section 8   Pouce   Police   Pol									
Section B   Police	SECTION A INCIDENT DETAILS	S							
Section B   Police	Date of occurence				Wł	nere did the event occur?			
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Address Make Suburb State Postcode Model Colour		, , , , , , , , , , , , , , , , , , , ,	,		_				a faller de su
Suburb State Postcode Model Colour							please pro	oviae tr	ne rollowing:
Phone Name of insurer	Suburb	State Postc	ode		Mo	odel	Colour		
	Phone				No	ime of insurer			



## PROPERTY CLAIM FORM

CECTION E VAITNESSES											
SECTION F WITNESSES			A 1 1919 1 21								
Witness name			Additional witne	ess name							
Address Suburb	State F	Postcode	Address Suburb		State	Postcode					
	onship (eg employe		Phone		Relationship (eg						
	orisnip (eg employe	ee)	rnone		Relationship (eg	g employee)					
<b>SECTION G</b> SCHEDULE  Please provide full details of your loss. If th	ere is insufficient s	pace below please attach	a separate piece (	of paper with	the details.						
Description of property damaged / sta	olen / lost			Date purchased		Repair costs (if damaged)	Amount claimed				
					\$	\$	\$				
					\$	\$	\$				
					\$	\$	\$				
					\$	\$	\$				
					\$	\$	\$				
					\$	\$	\$				
				\$	\$	\$					
					\$	\$	\$				
To avoid delays in processing your clo	Please att	ach all original repair or r	replacement qua	otes to this for	rm. Proof of ownde	rship is required	for stolen or				
To avoid delays in processing your cit	lost items i	i.e purchase invoices, rec	ceipts, valuations,	operating m	nanuals etc.						
SECTION H PREVIOUS CLAIMS											
In the last three years, have you had o	any property	☐ No ☐ Yes	If yes, please pr	ovide details							
damaged lost or stolen?											
	· · · · · · · · · · · · · · · · · · ·										
<b>SECTION I</b> GOOD AND SERVICE Please complete the declaration below a		our GST status.									
I /We declare that the items claimed	☐ Private/Dor	mestic purposes	Please provide details if only part of your claim relates to property used for								
on this form are used solely for			business purpose.								
	☐ Business pu	rposes									
Please provide details of your GST	Please provide details of your GST Not entitled to Input Tax Credit			Please provide your ABN number if you are entitled to an Input Tax Credit							
status	☐ Entitled to	% Input Tax Credit			ABN						
Have you claimed an Input Tax Credit		□ No □ Yes	If yes, percenta	ge claimed	%						
Funds transfer		Declaration									
In the majority of cases we will settle y		I/We certify that the infe	ormation aiven in	this							
by authorising repair or replacement of	of your	form is truthful accurate	e and complete. N	and complete. No							
damaged or lost property through a re supplier. However, there will be occasi	ect this claim has I and that this claim		Insured's title	Insured's title							
payment will be made to you.	on is untrue, inaccu	,									
In order that we may transfer settleme											
direct to your account we request the provide your banking details.	<ol><li>I/We authorise The Hollo Company Pty Ltd to give</li></ol>										
other insurers or			urance reference	bureau,	Insured's signature						
Rank	g to this claim or a										
Bank	or any insurance h	ieiu by									

3. I/We agree to immediately notify The Hollard

or found.

Insurance Company Pty Ltd if any stolen or lost

property forming part of this claim is recovered

BSB

Account number

Date