

General Claim Form

The issue of this form is not an admission of liability on the part of Axis or Insurers

Insured Name _____

Contact Name _____

Occupation _____ Phone No. Bus _____ Priv _____

Policy Number _____ Due Date _____

Name of Insurer _____ Policy Number _____

Date of loss or damage _____ Time _____ am/pm

How was the loss discovered? _____

By Whom? _____ When? _____ am/pm

Address of the premises where the loss occurred:

Please state full details of how the loss or damage occurred:

Please describe the extent of damage:

Who caused the loss or damage? _____

Is the premises currently occupied? Yes/No by whom? Tenant/owner occupied

Was the loss reported to the Police? Yes/No Police Reference No. _____

Date of report _____ Police Station _____

*Advise the Police immediately in the event of loss by burglary, theft or malicious damage

For Burglary/ Theft losses, how was entry gained to the premises?

Was there a security device protecting the premises? Yes/No Was it activated? Yes/No

Were there any signs of forced entry? Yes/No If Yes, give details _____

Who was the last person to leave the premises? _____ When? _____

If money was stolen where was the money kept? _____

Description of Property Loss or Damage

Please attach all replacement or repair quotations/invoices relevant to the claim and proof of ownership/purchase documents wherever possible

Description	Age	Where purchased or obtained	Cost price \$	Amount claimed

Are you Registered for GST Purposes:
 No Yes What is your ABN: _____

Have you claimed an input tax credit on the GST applicable to this policy?
 No Yes Is the amount claimed less than 100% No Yes Specify the %age
 Of the GST applicable to the premium amount claimed _____%

Declaration

I/We declare that to the best of my/our knowledge the information in this form is true and correct and I have not withheld any relevant information.

Signature of insured or person with authority to sign
 for and on behalf of a company or partnership

Date