

Report of Loss and/or Damage to Property

# Claim Report

**When completed please mail to Private Client Group, 549 St Kilda Road, Melbourne Vic 3004 or fax (03) 9522 4974.**

**Please answer all questions as fully as possible, using the spaces provided as well as additional pages where required.**

Name of Insured:

Policy Number:

Address of Insured Property:

Date of Loss, Theft or Damage:

 /  / 

Location of Loss, Theft or Damage (if different from Insured Property).

  
  


Please state fully the circumstances of the event which has given rise to this claim.

(If the event is a theft from the insured property, please provide details on how entry was gained.)

  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  


If claiming for loss or damage resulting from theft, the date the matter was reported to the police.

(Please attach a copy of the police report.)

Please list all items and property lost, stolen or damaged here and the following pages.

Full details of item including, make and model	Date of purchase	Claimed amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Any additional remarks or comments.


I hereby warrant the truth of the foregoing statements and the particulars of the above items and I make this solemn declaration conscientiously believing the same to be true.

Name

Please Print

Signature

Date

/ /

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