



CHUBB INSURANCE COMPANY OF AUSTRALIA LIMITED

A.C.N. 003 710 647

Level 36, Tower Building, Australia Square,
264-278 George Street, Sydney 2000 Australia

Level 51, Rialto South Tower,
525 Collins Street, Melbourne 3000, Australia

GENERAL CLAIM FORM

The issue of this form is not an admission of liability.

Type of Policy Policy No Date Amount Excess

1. Name of Insured Tel. No.

2. Postal Address Postcode

3. Date of Event at am/pm or between am/pm and am/pm

4. Where Did the Event Occur?

5. Brief Description (including cause of loss or damage)

6. Amount Claimed (as shown on Schedule on reverse side of this form) \$

7. (a) Is Any Third Party to Blame for Loss or Damage?

(b) If so, who?

8. Have you Received/Anticipate Receiving, Notice of Any Claim From or on Behalf of Third Parties? (Give details.)

9. Name(s) and address(es) of witness(es), if any

10. If Claim for Loss by Burglary or Theft, Describe Method of Entry

11. Have Police Been Notified? If So, What Station? By Whom? Date

12. Have You Taken Any Other Action to Recover or Reduce Your Loss?

13. Other Particulars

Name of Owner of Property Lost/Damaged

Name of Any Other Interested Party (eg. Mortgagee, Trustee)

Details of Other Insurances Covering Damaged Property



Please note: It is not necessary to deduct an amount for age use etc. (ie. depreciation) if policy issued on Replacement Conditions.

[illegible]

DECLARATION

(If a firm, this declaration must be made and signed by a member of the firm, so describing himself)

I/We do hereby declare that the foregoing answers are true and correct, that I/We have in no manner caused the said loss or by any fraud or wilful misrepresentation sought unjustly to benefit by the said event and that the information detailed in the Schedule appearing above hereof is a true and faithful account of the actual loss sustained excluding any profit or advantage. I/We hereby undertake and agree to notify the Company immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of the Company to return the property or to refund the amount of money received by way of compensation in respect thereof.

Dated at this day of 19

Witness

Address Signature