

COMMERCIAL PROPERTY

CLAIM FORM | INFORMATION REQUIRED

INSURED DETAILS *This gives the insurer/assessor details of the policy and a point of contact to attend site if required*

Insured Name			
Insured Address			
Current Insurer (if known)		Policy Number (if known)	
Your Contact Phone Number		Site Contact Name (if applicable)	
Your Contact Email Address		Site Contact Phone No. (if applicable)	

INCIDENT DETAILS *Police Report Number is required if criminal activity is involved e.g. vandalism, burglary, theft etc.*

Date of Loss		Time of Loss/Event	
Details of the Event (include Unit No if known)			
Details of any make safe or rectification work carried out (please attach quotes/invoices you may have received)			
Were there Witnesses to the Event?		Witness Contact Details	
Has the Incident Been Reported to the Police?		Police Report Number	

BANK DETAILS *This will allow the costs of the claim to be settled to the insured*

Is the Insured GST Registered?		ITC % (if known)	
Bank Account Name			
Bank Account BSB		Bank Account Number	

Any other information that might be helpful e.g. restricted access at certain times or third party contact details if applicable