



1300 360 908
COVERSURE PTY LTD
ABN 84 413 814 665
AFSL 407505

Property Loss Claim Form

The issue of this form is not an admission of liability

Type of Policy		Policy No.		Date		Amount	\$	Excess	\$
Insured Name						Tel No.			
Postal Address									
Date of Event	/ /20		at		<input type="checkbox"/> am / <input type="checkbox"/> pm		Or between <input type="checkbox"/> am / <input type="checkbox"/> pm and <input type="checkbox"/> am / <input type="checkbox"/> pm		
Where did the event occur?									
Brief Description (including cause of loss or damage)									
Amount claimed (as shown on the Schedule following)	\$								
Is any Third Party to blame for loss or damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, who?						
Have you received/anticipate receiving Notice of any Claim from or on behalf of Third Parties?	Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, give details:						
Name/s and address/es of witness/es, if any:									
Have Police been notified?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please advise:		What Station		By Whom?		Date of report:		
Have you taken any other action to recover or reduce your loss?									
Other Particulars	Name of Owner or Property Lost/Damaged								
	Name of any other Interested Party (eg Mortgagee, Trustee)								
	Details of other insurances covering damaged property								



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DETAILED STATEMENT OF CLAIM

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

Full description of property lost or damaged	Name and address of party from whom purchased or acquired	Date purchased or acquired	Replacement Cost	Deduction for age use and/or wear and tear	Sum claimed as present value
			\$	\$	\$

DECLARATION

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

I/We declare that the above answers are true and correct, that I/We have in no manner caused the loss or by any fraud or wilful misrepresentation sought unjustly to benefit by the event and that the information detailed in the Schedule appearing above is a true and faithful account of the actual loss sustained excluding any profit or advantage. I/We 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.

Dated at		this		day of		20
Signature						
Witness Name			Signature			
Witness Address						