

## SECTION 1: Policyholder Details

Business Name

Insured's ABN

ITC Entitlement/100%

Contact Name/s

Contact Number

Email

Address

Suburb

Postcode

State or Territory

NSW

ACT

QLD

VIC

SA

WA

TAS

NT

## SECTION 2: Details of Loss / Damage or Occurrence

Date of Loss / Damage or Occurrence

(dd/mm/yyyy)

Between (am/pm)

And (am/pm)

Time of Loss / Damage or Occurrence

-

Place and/or premises where Loss / Damage or Occurrence occurred

Address

Suburb

Postcode

State or Territory

NSW

ACT

QLD

VIC

SA

WA

TAS

NT

Please state full details of how Loss / Damage / or accident occurred

Please describe nature of damage or injury



## SECTION 4: Police & Witness Details

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Was the incident reported to the Police?

Yes No

If 'Yes', please confirm the date:

(dd/mm/yyyy)

Did the Police attend the accident scene?

Yes No

If 'Yes', please provide the following:

Police Event / Report Number:

Officer's Name / Number

Police Station

Police action take or pending?

Yes No Unknown

If 'Yes', please provide the details:

Was there any witnesses to the accident?

Yes No

If 'Yes', please provide their details:

Witness Full Name

Witness Contact Number

Witness Address

Suburb

Postcode

State or Territory

NSW

ACT

QLD

VIC

SA

WA

TAS

NT

## SECTION 5: Declaration

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This Claim Form was completed by:

Full Name:

Completed Date:

(dd/mm/yyyy)

Please continue to next page for ADDENDUM - Damage to Other Parties Vehicle(s) or Property