

Please complete the following in all instances:

**INSURED DETAILS**

**POLICY NUMBER:**

**NAME OF INSURED:**

**ADDRESS:**   
**Postcode:**

**TELEPHONE NUMBER:**   
**FAX NUMBER:**   
**EMAIL:**

Are you registered for Valued Added Tax? Insert Yes or No   
If partially exempt, please state last annual adjusted percentage of tax recoverable:  %

**INCIDENT DETAILS**

Address or location at which loss/damage occurred

When did loss/damage occur? Date:  Time:

Description of circumstances/how did loss occur?

Is there any other insurance policy in force that may cover any of the items you are claiming for?  
YES/NO  
(If yes please provide details)

Have you suffered any previous losses/damage?  
YES/NO  
(If yes please provide details)

When and by whom was loss/damage discovered?

When and at which station were the police notified?

Police Crime Reference Number:

If theft how were premises entered?

Are the premises protected by an alarm?

Insert Yes or No

If so, did it operate?

Insert Yes or No

If No, why not?

Is there a maintenance agreement in force for the alarm?

Insert Yes or No

If Yes, please state the name of the company that maintain the alarm

Were any windows or doors damaged?

Insert Yes or No

If yes , and you are not the owner of the building, are you responsible for such damage under the terms of a tenancy/lease agreement

Insert Yes or No

Details of damage

What precautions have been taken to prevent occurrence of a similar incident?

