

CLAIM FORM
PROPERTY INSURANCE



POLICY INFORMATION

Policy Number _____ Expiry Date _____
Insured Name _____
Address _____
Phone No _____ Email : _____

INCIDENT DETAILS

Date of Loss _____ Time _____
Address where loss occurred _____
What Happened? _____

THEFT CLAIMS ONLY

You must report any loss, theft or vandalism of property to the police
When was premises last occupied _____ Was premises securely locked YES NO
How was entry gained? _____
Police Officer & Station Name _____
Police Report No. _____ Date Reported _____

SCHEDULE OF DAMAGED PROPERTY

Description	Year Purchased	Replacement/Repair Cost
_____		\$
_____		\$
_____		\$

REPAIR/REPLACEMENT DETAILS

Is the property repairable YES NO If yes, attach quote for the repairs/replacement

THIRD PARTY DETAILS

Do you know who was responsible for the damage? YES NO
Name _____
Address _____
Other Details _____

WITNESSES

Name _____ Phone Number _____
Address _____

SETTLEMENT DETAILS

How do you want to be reimbursed? CHEQUE EFT

Address to send cheque _____

EFT Details BSB : _____ A/C No : _____ Bank : _____

A/C Name : _____

DECLARATION & AUTHORISATION

I confirm I have checked all the information contained in this document, some of which may not be in my own handwriting, and hereby verify the truth and accuracy of the information contained in this document.

Signature of Insured _____ Date _____

Forward completed claim form to Ovens Valley Insurance Brokers

Email info@ovib.com.au

Post PO Box 383, Myrtleford VIC 3737

Deliver 47 Clyde St, Myrtleford VIC 3737

Phone 03 5752 1151