

Client Code	
Policy Number	
Insurer	
Office use only	

Client Details

Full Name

Address

Phone No Email

Occupation/Bus/Industry

What is your Australian Business Number (ABN)? - - -

Are you registered for GST? Yes No

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium? %

Are there any interested parties? Yes No

If YES, please provide name and address

Details of Loss Damage or Occurrence

Date of Loss/Damage/or Occurrence Time

When was it reported to you (if applicable) Time

Place and/or premise where it occurred

Please state full details of how loss/damage/or accident occurred

Please describe nature or damage or injury

Description of property loss or damage

Description	Sum Claimed \$	To assist in assessing the loss the following information is requested				
		Date of Purchase	From whom purchased	Purchase Price \$	Replace Value \$	*Input Tax Credit %
Total amount claimed		*Please show the Input Tax Credit you are entitled to claim on the purchase of each item as a percentage of the total GST payable.				

In the event of any cash settlement, please provide EFT details

Account Name

BSB No. Account No.

When were the Police notified?

Date Reported Time

Police station

Officers name

Police Report No.

Responsibility

In your opinion was any other person(s) responsible for loss or damage or cause of the occurrence? If YES, please give full details. Yes No

Full Name

Address

Phone No. Mobile No.

Reason responsible

Witnesses

Was there any witnesses to this event? Yes No

Name of Witness

Address of Witness

Phone No. Mobile No.

Insurance History

Have you ever previously sustained loss or damage or caused damage or injury to other parties? Yes No

If YES, give details of such losses and amounts involved

Was an Insurance Company involved? Yes No

If YES, please state name of company and year of claim

Have you been convicted of any criminal offences in the last 10 years? Yes No

If YES, please provide details

The issue of this form does not constitute an admission of liability on the part of the insurer.

Your insurer may still require you to complete a claim form, contact you for further information or appoint an assessor or other service provider to assist with your claim.

If at any time you require further assistance or advice, please call your broker directly or AJG Claims toll free on 1800 254 287. Email this form to newclaims@ajg.com.au

I/We declare that the information contained in this form is to the best of my knowledge true and accurate and the time of completion.

Signature not required if submitting via client personal email or business domain.

Date: _____

Signature: _____