

Ocean Underwriting Australia

Incident Report and Claim Form

Please provide as much detail as possible within the form, as it will help us review your claim as quickly as we can.

Please note we may require further clarification or additional documentation once you complete this form and will be in touch with you if we do.

Once you have completed your form, please scan and email a copy to au-sed-oceanunderwriting@sedgwick.com alongside any supporting documents.

Incident Report Details			
Insured:			
Policy Number:			
Date Reported:		Time Reported:	

Incident Details:			
Location:			
Date of Incident:		Time of Incident:	

GST Details			
Are you registered for GST purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what is your ABN:			
To what extent are you entitled to claim an Input Tax Credit for GST claimed on this policy? (Percentage)			

Description of incident:

Is there any CCTV footage of the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please provide us with a copy of the footage</i>		
Have you obtained quotations to repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please attach these with the claim form</i>		
Was the loss reported to the police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please attach the police report details with the claim form</i>		
Is the property insured under any other policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please provide us with a copy of the policy information and name of insurer</i>		
Was there any third-party contractors involved who may potentially be at fault?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please provide their name and contact details:</i>		

Item/s Damaged:

Description of the property lost/damaged/stolen: (If there are additional items which do not fit on the table below, please attach a separate schedule of items you are claiming for):

Description of Item:	Date of Purchase:	Original Purchase Price:	Replacement/Repair Cost:	ITC %

Details of extent of damage:

Empty text area for details of extent of damage.

Any steps taken to mitigate damage:

Empty text area for any steps taken to mitigate damage.

Declaration

I/we certify that I am authorised to submit this claim on behalf of the insured, that the information provided is truthful, accurate and complete, and that no information likely to affect this claim has been withheld. I/we agree that, by submitting this form, the personal information I/we provide to Sedgwick or Ocean Underwriting in this form or otherwise may be collected, held, used and disclosed in the matter set out in the Sedgwick Privacy Policy found at <https://www.sedgwick.com/legal> including for processing this claim.

Signed:**Date:****Name (please print):**