

General Liability Claim Form *The issue of this form is not an admission of liability*

Policy No	Date	Amount \$	Excess \$
Name of Insured			
	Tel. No.		
Postal Address			Postcode
Date of Event	1	/20	
	at	or between	and
Where did the event occur?			
Brief Description (including cause of loss or damage)			
Amount claimed (as shown on the Schedule on reverse side of this form)	\$		
Is any Third Party to blame for loss or damage?	Yes 🔲 No	□ (If Yes, who?)	
Have you received/anticipate receiving Notice of any Claim from or on behalf of Third Parties?	Yes 🔲 No	☐ (If Yes, give details)	
Name/s and address/es of witness/es, if any			

Have Police been notified?	Yes D No D (If yes, please state):
	(i) What Station:
	(ii) By whom?
	("") Dete af anna t
	(iii) Date of report
Have you taken any other action to	
recover or reduce your loss?	
Other particulars:	
 Name of Owner of Property Lost/Damaged 	
-	
Name of any other Interested	
Party (eg, Mortgagee, Trustee)	
 Details of other insurances 	
covering damaged property	

DETAILED STATEMENT OF CLAIM

Please note, it is not necessary to deduct an amount for age use etc (ie, depreciation) if policy issued on Replacement Conditions.

Full description of property lost or damaged	Name and address of party from whom purchased or acquired	Date purchased or acquired	Replacement Cost	Deduction for age use and/or wear and tear	Sum claimed as present value

DECLARATION

(If a firm, this declaration must be made and signed by a member of the firm, so describing himself)

I/We declare that the above answers are true and correct, that I/We have in no manner caused the loss or by any fraud or wilful misrepresentation sought unjustly to benefit by the event and that the information detailed in the Schedule appearing above is a true and faithful account of the actual loss sustained excluding any profit or advantage. I/We undertake and agree to notify the Company immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of the Company to return the property or to refund the amount of money received by way of compensation.

Dated at:	this	day of	20
Signature			
Witness Name		Witness Signature	
Witness Address			