

**Policy and Underwriter** \_\_\_\_\_ **Policy Ref** \_\_\_\_\_

This claim form collects personal information about you which is collected to evaluate your claim. The intended recipient of the information is Apex General Limited and/or the Insurer as applicable. The collection of this information is required pursuant to the terms of your insurance policy and failure to provide this information may result in your claim being declined. You have rights of access to and correction of this information subject to the provisions of the Privacy Act 1993.

## DETAILS OF INSURED

Full Insured Name/s: \_\_\_\_\_

Contact Person: (if a company) \_\_\_\_\_

Contact Phone No: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Bank Account Details for Direct Credits (if applicable): a/c name \_\_\_\_\_

a/c number \_\_\_\_\_

## DETAILS OF DAMAGE OR LOSS

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Day of the Week: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Where did the loss occur? \_\_\_\_\_

Description (including cause of loss or damage): \_\_\_\_\_

Name and Address of person causing damage: \_\_\_\_\_

## FOR THEFT / BURGLARY

**YOU MUST IMMEDIATELY INFORM THE POLICE IF YOU SUSPECT BURGLARY, THEFT, ARSON, MALICIOUS DAMAGE OR ANY OTHER CRIMINAL ACT THAT HAS CAUSED THE DAMAGE OR LOSS.**

If Theft/Burglary, between what hours? \_\_\_\_\_ am/pm and \_\_\_\_\_ am/pm

If reported to Police - Date reported: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Police File Number: \_\_\_\_\_

When was the loss discovered and by whom? \_\_\_\_\_

How was entry to the premises gained? \_\_\_\_\_

Were the premises occupied at the time of loss? \_\_\_\_\_

Has any arrest been made or is anybody suspected of theft or any other crime? \_\_\_\_\_

Has a list of stolen items been given to the police? Yes / No (If Yes please attach a copy)

Has any of the property been recovered? Yes / No (If Yes please provide details) \_\_\_\_\_

## OTHER PARTICULARS

Are you the sole owner of property damaged or stolen? Yes / No (If No please name any other interested party)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Details of other insurances covering the property claimed for \_\_\_\_\_

If the premises are not owned by you, does the lease make you responsible for repairing any damage? Yes / No

(Please attach a copy of that lease)

Have you had a loss or made any claim against any Insurance Company in the past 5 years (regardless of amount), or ever had a loss exceeding \$5,000? (if so, please supply details including Insurer's name). Yes / No

