

AXIS UNDERWRITING SERVICES PTY LTD
AFS Licence No: 236650
ACN 090 508 142
346 St Kilda Road Melbourne Vic 3004
Tel: 03 8646 0200
Fax 03 8646 0206



GENERAL CLAIM FORM

To assist us to give fast attention to your claim please;

1. Attach all replacement or repair quotations for damaged or lost property
2. Attach valuations and receipts of purchase wherever possible
3. Advise the Police immediately in the event of loss by burglary, theft or malicious damage.

The issue of this form is not an admission of liability on the part of Axis or Insurers

Full Name.....
Address.....
Occupation..... **Phone Bus**..... **Priv**.....
Name of any other interest party.....
Nature of the interest.....
Policy Number..... **Due Date**.....
Are there any other Insurances which would cover this in whole or in part? Yes/No
Name of Insurer..... **Policy Number**.....

Date of loss or damage..... **Time**..... **am/pm**
How was the loss discovered?.....
By Whom?..... **When?**..... **am/pm**
Address of the premises where the loss occurred.....
Please state full details of how the loss or damage occurred.....

.....
.....
Describe the nature of the loss or damage.....
.....
Was the loss reported to the Police..... **Yes/No**
If Yes when?..... **Which Station?**.....

For Burglary/ Theft losses, how was entry gained to the premises?.....
.....
Were there any signs of forced entry?..... **Yes/No**
If Yes, give details.....
Was there a security device protecting the premises?..... **Yes/No**
If Yes, give details of equipment.....
Date Installed?..... **Installer?**.....
Was it activated?..... **Yes/No**
Who was the last person to leave the premises?..... **When?**.....
If money was stolen where was the money kept?.....

Have you ever had an insured or uninsured loss which would be covered by a property, burglary, house or money policy?..... **Yes/No**
If Yes, give details of such losses.....
.....
.....

DESCRIPTION OF PROPERTY LOSS OR DAMAGE

Description	Date of Purchase	Where purchased or obtained	Cost price \$	Amount claimed

ARE YOU REGISTERED FOR GST PURPOSES:

NO **YES** **What is your ABN:** _____

Have you claimed an input tax credit on the GST applicable to this policy?
 No Yes Is the amount claimed less than 100% No Yes Specify the %age
 Of the GST applicable to the premium amount claimed _____%

DECLARATION

I/We declare that to the best of my/our knowledge the information in this form is true and correct and I have not withheld any relevant information.

Signature of insured or person with authority to sign for and on behalf of a company or partnership

Date