

Please complete all questions as fully as possible, using space provided as well as additional pages as required.

Once complete please sign and email [claims@4sightrisk.com.au](mailto:claims@4sightrisk.com.au)

### THE INSURED

Name of Insured:

Tax Status:  ITC Percentage of Premium for this Policy Section:

Policy Number:

Postal Address:  Postcode:

Contact Name:  Telephone:

Mobile:  Email:

### INCIDENT DETAILS

Date of Incident:       Time:

### DETAILS OF DAMAGE ITEM(S)

Type:  Make:

Model:  Serial No:

Please state fully the circumstances of the event which has given rise to this claim.

## REPAIRS

Have Repairs Commenced?  YES  NO Invoiced/Estimated Cost \$  Please attach invoices if repairs complete

Name of Repair Company:

Contact Name:  Telephone:

Mobile:  Email:

Please supply bank details for settlement

ACCOUNT NAME	BSB	ACCOUNT NUMBER	REFERENCE
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I hereby warrant the truth of the foregoing statements and the particular of the above items and I make the solemn declaration conscientiously believing the same to be true.

Signature:

Date:  /  /

THE ISSUE AND/OR ACCEPTANCE OF THIS FORM IS NOT IN ITSELF AN ADMISSION OF LIABILITY ON THE PART OF 4SIGHT RISK PARTNERS.