



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

Name of Insured:					
Trading As:					
Policy Number:					
Address of Insured Property:				Postcode:	
Telephone:		Email:			
Mobile:		ABN:			
		J			
Location of Loss, Th	neft or Damage (if different from Insured ad	dress)			
				Postcode:	
		Date of Loss, Th	neft or Damage:	DD/M	M/YY
	e circumstances of the event which has give tak-in, please provide details on how entry w				
	nage through theft/vandalism, the date that he cape of the Police Report or the Po			DD/M	M / Y Y

Case #



PROPERTY DAMAGE CLAIM FORM

Please list all items and Property lost, stolen or damaged here or attach a copy of the quote/ invoice for replacement items.

Full details of item including, make and mod	iei		Da	te c	ot Pi	urcn	ase	Э		C	laimed	Amoun	τ
		D	D	/	M	M	/	Υ	Υ	\$			
		D	D	/	M	M	/	Υ	Υ	\$			
		D	D	/	M	M	/	Υ	Υ	\$			
		D	D	/	M	M	/	Υ	Υ	\$			
		D	D	/[M	M	/	Υ	Υ	\$			
		D	D	/[M	M	/	Υ	Υ	\$			
		D	D	/	M	M	/	Υ	Υ	\$			
		D	D	/	M	M	/	Υ	Υ	\$			
		D	D	/	M	M	/	Υ	Υ	\$			
		D	D	/	M	M	/	Υ	Υ	\$			
		D	D	/	M	M	/	Υ	Υ	\$			
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		D	D	/	M	M	/	Υ	Υ	\$			
		D	D	/	M	M	/	Υ	Υ	\$			
Any additional remarks or comments													
Please supply bank details for settlement	ACCOUNT NAME	BSE	3		A	CCO	UN	IT N	UMBI	ER	REFE	RENCE	
I hereby swear the contents of this document are true and answered to the best of my ability:													
Cimpatura							.	4	_				
Signature:						L	Jai	te:	D		M	/ Y] Y

IMPORTANT NOTICES | We value your privacy. Our Privacy Policy sets out how we collect, disclose and handle personal information under the Privacy Act and the Australian Privacy Principles. By providing us such information you consent to these practices unless you tell us otherwise. Our Privacy Policy is available at www.insuranceadviser.net or by contact us.