

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:

Location of Loss, Theft or Damage (if different from Insured address)

Postcode:

Date of Loss, Theft or Damage: / /

Please state fully the circumstances of the event which has given rise to this claim
(If the event is a break-in, please provide details on how entry was gained)

If Loss is from damage through theft/vandalism, the date the matter was reported to the Police. Please attach a copy of the Police Report or the Police Report Case Number

/ /

Case #

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 model	Date of Purchase	Claimed Amount
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Any additional remarks or comments

Please supply bank details for settlement

ACCOUNT NAME	BSB	ACCOUNT NUMBER	REFERENCE
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I hereby swear the contents of this document are true and answered to the best of my ability:

Signature:

Date: / /