

Property Claim Form

Please ensure you complete this form with as much detail as possible:

1. Insured Or Company Details				
Insured name or company				
Policy number (if known)		Point of contact		
Phone number		Email		
Are you registered for GST purposes?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have an ABN?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		ABN		
2. Claim Details				
Location at which loss or damage occurred				
Suburb		State		
Date of loss or discovery				
Summary of claim				
(If this is a theft claim), please provide further details				
Have the police been notified? (Yes is required for malicious damage or theft/burglary claims)		Yes	<input type="checkbox"/>	No
If known, please provide:				
Officer		Police station		
Police report number		Phone number		
3. Details Of Any Third Party If You Feel They Are Responsible For The Loss				
Name		Phone number		
Address				
Suburb		State		
Vehicle registration number (if applicable)				

4. Details Of Repairs Taken Place Or Temporary Repairs Completed

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Item being claimed	Month & year of purchase	Original purchase amount	Quote to replace or repair

Please provide documentation to support your loss (photographs, quotes, original invoices, reports, or any other supporting evidence)

5. Electronic Funds Transfer Details

Following insurer's approval of your claim, should you wish to have your funds transferred directly into your bank account, please provide the following details

Name of financial institution			
Account name			
BSB		Account number	

9. Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I/we agree that, by submitting this form, the personal information I/we provide to PSC Insurance Brokers in this form or otherwise may be collected, held, used and disclosed in the manner set out in the PSC Privacy Policy found at <https://www.pscinsurance.com.au/privacy-statement/>, including for processing this claim.

Name			
Signature		Date	