



Proclaim - GENERAL CLAIM FORM

The issue of this form is not an admission of liability

Type of Policy..... Policy No..... Date..... Amount \$..... Excess \$.....

Name of Insured	Tel. No.
Postal Address	Postcode
Date of Event	/ /20 at am/pm or between am/pm and am/pm
Where did the event occur?	
Brief Description (including cause of loss or damage)
Amount claimed (as shown on the Schedule on reverse side of this form)	\$
Is any Third Party to blame for loss or damage?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, who?)
Have you received/anticipate receiving Notice of any Claim from or on behalf of Third Parties?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, give details)
Name/s and address/es of witness/es, if any
Have Police been notified?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please state): (i) What Station: (ii) By whom? (iii) Date of report/...../.....
Have you taken any other action to recover or reduce your loss?
Other particulars:	
• Name of Owner of Property Lost/Damaged
• Name of any other Interested Party (eg, Mortgagee, Trustee)
• Details of other insurances covering damaged property

