



# AUSTRALIAN INSURANCE SOLUTIONS PTY LTD

ABN: 64 088 550 074 LIC.NO. 246939  
 Registered Office Address: 9-11 Prospect Crescent, Burleigh Heads QLD 4220

**CROAKERS INSURANCE PTY LTD**  
 AUTHORISED BROKER REPRESENTATIVE  
 Suite 6, 191 River Street, Ballina NSW 2478 (PO Box 325)  
 Phone: 02 6686 8786 Fax: 02 6686 9525 Email: aisadmin@aisgroup.com.au

## Incident Report Form - Business Insurance - Loss/Damage

### 1. Policy Details

Insured Name .....	Policy Number .....
ABN Details .....	Location of Loss .....

### 2. General Details of Loss / Damage

Date of loss/Damage	.....
Describe as fully as possible the circumstances and cause of the loss/damage	..... ..... .....
Describe what is the loss/damage.	..... ..... .....
What actions have been taken? (Any emergency repairs/replacement)	..... ..... .....

### 3. Statement of Claim

Description of Property / Article damaged or destroyed	Approx Age	Replacement Cost

**4. Bank Details**

**Please provide your bank account details:**

Account Name .....

Bank ..... Branch .....

Account Number ..... BSB .....

**5. Declaration**

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.

Full name of claimant(s)  
.....

Signature(s)  
..... Date: ..... / ..... / 20.....

**Important Information**

- Do not discard the damaged property until authorised by the insurer
- Take photos
- Ensure temporary protection (emergency repairs) is arranged as soon as possible (if required)
- Obtain Repair or Replacement Quotes
- Obtain report confirming what caused the damage and if the items require replacement or repair

**Office use only**

Claim Received (Date) .....

Claim Lodged (Date) .....

Claim Lodged by: (Broking Staff Name) .....

Claim Number .....

Excess .....