



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 - Home & Contents - Lost Property

1. Policy Details

| | |
|--------------------|---------------------|
| Insured Name | Policy Number |
|--------------------|---------------------|

2. General Details of Loss

| | |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of loss | |
| Describe as fully as possible the circumstances and cause of the lost property. | |
| Were the police notified? | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state: (i) date of report: / / (ii) approximate time of report: am / pm (iii) Name of Police Station: (iv) Name of Police Officer: |
| Has any property been recovered? | <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please give details) |

3. Statement of Claim

| Description of Property / Article lost | 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.....
..... Date: / / 20.....

Please ensure the following documents are submitted with this completed form:

- Proof of Ownership (in the form of photo, original tax invoice, purchase documents, bank statement, items packaging)
- Replacement Quote

Office use only

Claim Received (Date)

Claim Lodged (Date)

Claim Lodged by: (Broking Staff Name)

Claim Number

Excess