

CLAIM ADVICE FORM

TYPE OF CLAIM

- Motor
 - Domestic
 - Commercial
 - Other (*Please specify*)
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DATE ADVICE RECEIVED:

ADVICE RECEIVED FROM:

NAME OF INSURED:

DATE OF LOSS:

Estimated Loss: \$

DEDUCTIBLE:

BRIEF DETAILS OF LOSS:

PREMIUM PAID:

- YES NO

POLICY NUMBER:

CLAIM NUMBER:

TBA

DOCUMENTS CLIENT NEEDS TO PROVIDE
(TICK APPLICABLE ITEMS AND ADVISE CLIENT)

- Claim form
- GST details
- Quotation/s for repair or replacement
- Invoice/s for repair or replacement
- Police report/other reports
- Correspondence from third party
- Deductible payment

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COMPLETED BY:

COMMENTS: