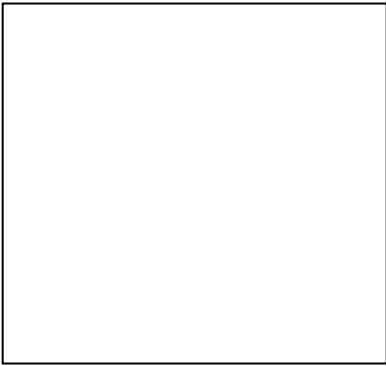


GENERAL CLAIM ADVICE

Personal Commercial
 Loss Type



Pursuant to the Privacy Act 1993 the following is brought to your attention:

- (a) This claim form collects personal information about you;
- (b) The information is collected to evaluate your claim;
- (c) The intended recipient of the information is: The Insurer named below (hereinafter called "the Company") and is being held by them at their Head Office
- (d) The collection of this information is required pursuant to the terms of your insurance policy;
- (e) The failure to provide this information may result in your claim being declined;
- (f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Claim No : Policy No :
 Insurance Coy : Due Date :
 Branch : Excess : Premium Paid: Y / N

A. POLICY HOLDER

Full name of insured: Mr/Mrs/Miss/Ms
 Postal Address Telephone Day
 Occupation Employer Night
 Email
 Bank Account Number for Direct Credit Payment

B. CIRCUMSTANCES OF LOSS. PLEASE COMPLETE IN ALL CASES

- 1) Date:/...../20..... Day: Time:
- 2) Where did loss occur?
- 3) Please explain what happened:.....

- 4) Is there any other insurance with any Company relating to this loss. If so, Give particulars:
- 5) If loss caused by another person please give name and address:
- 6) Have you, within the past 5 years, made a claim against any Insurance Company? If so, please supply details including Company name.....

C. COMPLETE IN ALL CASES RELATING TO PROPERTY LOSS OR DAMAGE

- 1) Are you the sole owner of the property concerned? Yes No
 If No, Supply details of other interest and party concerned:
 - 2) If burglary, loss, or theft claim
 To which Police Station was it reported? Date Reported
- Acknowledgement form attached. Yes No
 If burglary, state means of entry to premises

PROPERTY SCHEDULE

N.B. In the case of loss, please attach proof of ownership/purchase receipts and quotes for replacement cost to save delays.

| Description of property lost or damaged (State each article/item separately) | Date Purchased & Price | Present Cost of Replacement | Depreciation for Age & Condition | Value of Salvage (if any) | Amount Claimed |
|---------------------------------------------------------------------------------|---------------------------|--------------------------------|-------------------------------------|------------------------------|-------------------|
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PROPERTY SCHEDULE CONTINUED OVERLEAF

NOTE: QUESTIONS AND DECLARATIONS ON THE BACK OF THIS FORM MUST BE COMPLETED.

