

# Claim Form | Accidental Damage

See Guide to Lodging a Claim overleaf

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**Policy Number**

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**Name of Insured:**

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**Email Address:**

**Phone No:**

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**Address:**

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**Insured Equipment Details:**

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**Manufacturer & Model:**

**Serial No:**

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**Claim Details:**

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**Time and Date of damage:**

**Place of Damage:**

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**Describe how the damage occurred:**

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**What damage was sustained?**

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Please see overleaf...



## Declarations

I/We acknowledge that I/We have read and understood the Privacy Act information at [www.protecture.com.au](http://www.protecture.com.au) and consent to the collection, storage, use and disclosure of my/our personal and sensitive information so that Protecure, as agent for Chubb will be able to process my/our claim.

I/We the Insured do solemnly and sincerely declare that I/we have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or willful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim.

Further, it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the Company any sum which may have been paid to me/us in the respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

**Signature of Insured:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

Protecure Pty Ltd ABN 26 094 997 163, AFSL 238815 / NZBN 9429030878495, FSP 3661771  
is an underwriting agency for  
Chubb Insurance New Zealand Ltd NZBN: 9429040398037 NZ 104656



**protecure** NZBN 9429030878495 FSP 3661771

PO Box 1239 QVB Sydney NSW 1230

☎ 0800 881 488

[www.protecure.co.nz](http://www.protecure.co.nz)