

Claim Form | Theft

Policy No:

Name of Insured:

Email Address:

Phone No:

Address:

GST Registered?

Insured Equipment Details

Manufacturer & Model:

Serial No:

Claim Details

Time & Date of Theft:

Location of Theft:

Describe How the Theft Occurred:

Where Did the Theft Take Place? Home Work Vehicle

In Transit (type) _____ Other (provide details) _____

Were the Premises/Vehicle Locked? Yes No If yes, how was access gained?

Police Notification - Station: _____ Time & Date: _____

Officer's Name: _____ Event/Report No: _____

Please see overleaf



Declarations

We and our service providers will comply with the provisions of the Privacy Act 1988. Our Privacy Policy statement can be found on our website at www.protecsure.com.au.

The Privacy Policy contains information on how you may access your personal information held by us and how to seek correction of such information. It also provides information on how you can make a complaint against us for a breach of the Australian Privacy Principles ("APPs"), or registered APP code(s), if any, that bind(s) us. Protecsure does not send your personal information to any recipient overseas. Protecsure may retain your personal information to enable it provide or assess insurance or pay claims. You consent to us providing your personal information to our third party providers who may be external valuers or appraisers, loss adjusters or investigators, professional advisers and other organisations that provide services to us including Chubb for these purposes.

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: _____

Protecsure 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



protecsure NZBN 9429030878495 FSP 3661771

PO Box 1239 QVB Sydney NSW 1230

t 0800 881 488

www.protecsure.co.nz