

Claim Form | Accidental Loss

See Guide to Lodging a Claim overleaf

Name of Insured:	Policy No:
Email Address:	Phone No:
Address:	
Insured Equipment Details:	
Manufacturer & Model:	Serial No:
Claim Details:	
Time and Date of Loss:	Last Known Location:
Describe how the loss occurred:	
What steps were taken to recover the item(s)?	
Police Notification - Station:	Time & Date:
Officer's Name:	Event/Report No:

Please see overleaf...



Settlement Details

Bank Name:	BSB:
Account Name:	Account No:
Declarations	
www.protecsure.com.au and consent to the	ead and understood the Privacy Act information at e collection, storage, use and disclosure of my/our personal as agent for Chubb will be able to process my/our claim.
and warranties (if any) of the Policy and in sought unjustly to benefit thereby by any framework.	ely declare that I/we have complied with the conditions no manner deliberately caused the said loss or damage or ud or willful misrepresentation and that the information shown proceded any information relating to this claim.
undamaged condition I/We will immediately to me/us in the respect to such property. I	any property claimed for is subsequently recovered in any refund the Company any sum which may have been paid in the event of any property being recovered in damaged me over to the company for disposal as may be agreed.
Signature of Insured:	Date:

Protecsure Pty Ltd ABN 26 094 997 163, AFSL 238815 is an underwriting agency for Chubb Insurance Australia Limited ABN 23 001 642 020 AFSL No 239687

