

Claim Form | Accidental Loss

(See Guide to Lodging a Claim)

Policy Details

Name of Insured:	Ins. Certificate No:	
Contact Name:	Phone No:	
Email Address:		
Postal Address:		
ABN:	Input Tax Credit:	%

Do you hold any other insurance policies that would cover the loss?
If "Yes" please provide the details:

Have you had any other insurance claims in the past 3 years? If "Yes" please provide the details:

Insured Equipment Details

Make & Model: _____

Serial Number: _____

Are you the sole owner of the claimed equipment? If "No" please provide details of the owners or joint owners:

Claim Details

Date of Loss: _____

Time of Loss: _____

Loss Details

To the best of your knowledge, please describe how the Loss occurred:



What steps were taken to recover the equipment and what was the full address of the last known location?

Police Loss Report Details

Police Notification Time & Date: _____ Event/Report No: _____

Officer's Name: _____ Station: _____

Settlement Details

Once your claim has been assessed and if a cash settlement is approved, we will transfer the funds directly to your bank account. Please provide us with the following details:

Bank Name: _____ BSB: _____

Account Name: _____ Account Number: _____

Declarations

I/We acknowledge that I/We have read and understood the Privacy Act information at www.protecsure.com.au and consent to the collection, storage, use and disclosure of my/our personal and sensitive information so that Protecsure, 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: _____



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General Guidelines

- It is important that you do not authorise, or proceed with replacement of the equipment until your claim has been assessed.
- All sections of the claim form must be filled-in with as much detail as possible and signed by the Insured or their representative.
- If the actual date of the loss is not known, then a date range should be supplied to show when it could have occurred

How to Lodge Your Claim

Please complete the checklist below before submitting your claim

- Have you properly described how the loss occurred on the claim form?
- Have you reported the loss to the police and recorded the police report number?

Please return the completed claim form to claims@protecsure.com.au together with:

- Proof of purchase of the claimed equipment
- Police event number
- Quote for a similar replacement item



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