

CLAIM FORM – ACCIDENTAL DAMAGE

Issued by Chubb Insurance Company of Australia Limited* and administered by Protecsure Pty Ltd**

PLEASE PRINT CLEARLY IN BLOCK LETTERS

The issue of this form does not constitute an admission of liability on the part of the Insurer.

POLICY DETAILS			
Name of Insured:			
Address Details:			
User's Name:			
Contact Details:	Phone:	Email Address:	
Is there any other insurance in place that could cover this loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please provide details below:		
	Name of Insurer: _____		Policy Details: _____
THE EQUIPMENT			
Manufacturer and Model:			
Serial No:		If leased, provide contract no.:	
CLAIM DETAILS			
Date/Time/Place of damage:	Date:	Time:	Place:
Describe how the damage occurred:			
What damage was sustained?			
Has there been a previous claim on this policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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: _____

Please return claim form to Protecsure **together with requested documentation** (see guidelines)

POST: PO Box 1239, QVB SYDNEY NSW 1230 FAX: 02 9249 3860 EMAIL: claims@protecsure.com.au