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A Specialist Underwriting Agency

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GENERAL CLAIM FORM

Claims Procedure:

The claim form is to be completed when Your Property has been affected by an insured event. Please complete the following Sections of this claim form; Answer all relevant questions in details; Attach separate pages if there is not enough space allotted on this claim form.

Contact:

New and ongoing claims, claims@allparks.com.au our phone number is 02 4355 4027.

1. CLIENT DETAILS:

Insured's name:

Company / Trading as name:

Policy Number:

Address:

Suburb:

State:

Postcode:

Site Contact Name:

Phone number:

Email:

2. DETAILS OF INCIDENT:

Date of Incident

Time (HH:MM)

am/pm

State clearly how the incident occurred, use extra paper if necessary;

Indicate which section is applicable to incident:

- | | |
|--|--|
| <input type="checkbox"/> Section 1 Property Damage | <input type="checkbox"/> Section 8 Electronic Breakdown |
| <input type="checkbox"/> Section 2 Business Interruption | <input type="checkbox"/> Section 9 Goods in Transit |
| <input type="checkbox"/> Section 3 Theft | <input type="checkbox"/> Section 10 General Property |
| <input type="checkbox"/> Section 4 Money | <input type="checkbox"/> Section 11 Employee Dishonesty |
| <input type="checkbox"/> Section 5 Glass | <input type="checkbox"/> Section 13 Accidental Home & Contents |
| <input type="checkbox"/> Section 7 Machinery Breakdown | <input type="checkbox"/> Other |

3. POLICE DETAILS:

Was the accident reported to Police or WorkCover authorities? Yes No

Police report number.

Did the police attend the site? Yes No

If **YES**, Please provide details include name of attending officer and all documentation.

4. PROPERTY LOST OR STOLEN

Description of Property	Price Paid	Replacement cost	Date Of Purchase	Amount Claimed

5. PROPERTY DAMAGE

Was the property damaged by water or Storm? Yes No

Was the property damaged by Fire? Yes No

Is this a claim for Glass only? Yes No

Have temporary repairs been completed? Yes No

Are you the sole owner of the property? Yes No

DECLARATION:

I hereby declare that to the best of my knowledge the foregoing particulars are true and correct.

Signature of Insured: **Date:**

Position held within Company:.....