

Property claim report form



Section 1 – Policy details

Policy number	ABN	ITC% (Input Tax Credit)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of policyholder			
<input type="text"/>			
Address			
<input type="text"/>			
		State	
		Postcode	
Telephone hours	Telephone number	After hours	Telephone number
: am/pm	()	: am/pm	()
Email address			
<input type="text"/>			
Occupation/Trade			
<input type="text"/>			

Section 2 – Main contact

Policy holder Broker

If **Broker**,

Name of contact person	
<input type="text"/>	
Telephone number	Email address
()	<input type="text"/>

Section 3 – Loss details

Loss description	
<input type="text"/>	
Date of incident	Time of incident
/ /	: am/pm
Location of loss	
<input type="text"/>	
Town/Suburb	Claim estimate (if known)
<input type="text"/>	<input type="text"/>

Repairs completed
Yes No

Section 4 – Third party details

Third party(s) name

Phone No.

Address

	State	Postcode
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Name of insurance company

Policy number

ABN

ITC% (Input Tax Credit)

Section 5 – Claim authority

Name

Signature

Date

How to return this form

▼ Email: lodgeclaim@vero.com.au

▼ Fax: 1300 066 150

How to contact us

▼ Phone: 1300 888 073