

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 <input type="checkbox"/> No <input type="checkbox"/> | |

Section 4 – Third party details

Third party(s) name

Phone No.

Address

| | | |
|--|-------|----------|
| | State | Postcode |
|--|-------|----------|

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