

1. General Information

Insured Name	<input type="text"/>		
ABN	<input type="text"/>	Policy Number	<input type="text"/>
Address	<input type="text"/>		
Registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Input Tax Credit <i>(If it is unknown, please write "Unknown.")</i>	<input type="text"/>

2. Contact Information

Contact Name	<input type="text"/>	Relationship	<input type="text"/>
Phone Number	<input type="text"/>	Email Address	<input type="text"/>
Contact Details for Damage Inspection			
Contact Name	<input type="text"/>	Relationship <i>(Lot owner, tenant, property manager; etc)</i>	<input type="text"/>
Phone Number	<input type="text"/>		

3. The Incident

Description of Loss/How it occurred?			
<input type="text"/>			
What has been Damaged, Lost or Stolen?			
<input type="text"/>			
Date of Loss	<input type="text"/>	Who Discovered The Loss	<input type="text"/>
Time of Loss (AM/PM)	<input type="text"/>	Date/Time Discovered	<input type="text"/>
Address / Unit Number(s)	<input type="text"/>		
Do you know who is responsible for the loss, theft of or damage to your property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", Please advise NAMES / ADDRESSES / CONTACT / INSURANCE INFO of the person(s) responsible: Alternatively, please attach to this form.			
<input type="text"/>			
Was this loss, theft or damage reported to the Police? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section Continued*

Date Reported Crime Report Number Name of Officer/ Station
(If available)

If you require emergency assistance or a make safe, please contact us on (08) 6467 7999 to arrange, or after hours please call [John Lyng's group](#) on 1300 218 992.

Alternatively, you can contact your insurer direct to obtain after hours assistance;

- [CHU](#)- 1800 022 444
- [Chubb](#)- 1800 803 548
- [Longitude Insurance](#)- 1300 442 676
- [SUU](#)- 1300 668 066
- [Strata Community Insurance \(SCI\)](#) – 1300 742 678

It is recommended to use an Insurer approved repairer to assist with Emergency or make safe works
(Drying, extracting of water, emergency repairs)

4. EFT Settlement Details

Name of Bank Account Name BSB Number Account Number

5. Supporting Documentation

Please attach/include any of the following **if relevant** for the incident which will assist in resolving the claim at the earliest convenience:

- Photos
- Repair Quotes
- Repair Invoices
- Make-Safe Invoices
- List of Articles Lost, Stolen or Damage
 - » List of Articles Lost, Stolen or Damage
 - » Replacement Cost
- Third Party Witness Contact Information if applicable
- If the Claim Involves [water damage](#), please advise if the leak has been repaired
- Does the Claim include any costs for [plumbing repairs](#)?
- Does the Claim include any costs for [fusion of electrical motors](#)?
 - » What does the motor operate?
 - » Size of Motor Hp/kw?
 - » Age of Appliance/Motor?

NAME
TITLE
SIGNATURE
DATE

1300 907 344



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