

PROPERTY CLAIM NOTIFICATION FORM



Client Code	
Policy No.	
Insurer	
Office Use Only	

Client Details

Full Name

Address

Phone

Email

Are there any interested parties? Yes

No

If YES, please
provide name
and address

Detail of Loss Damage or Occurrence

Date of Loss/Damage/or Occurrence

Time

Place and/or premise where it occurred

Please state full details of how loss/damage/or accident occurred

Please describe nature or damage or injury

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Description	Sum Claimed K	To assist in assessing the loss the following information is requested				
		Date of Purchase	From whom purchased	Purchase Price K	Replace Value K	Input Tax Credit %
Total amount claimed	K					

In the event of any cash settlement, please provide transfer details

Bank	<input type="text"/>	Account Name	<input type="text"/>
BSB No.	<input type="text"/>	Account No.	<input type="text"/>

When were the police notified?

Date Reported	<input type="text"/>	Time	<input type="text"/>
Police Station	<input type="text"/>		
Officers Name	<input type="text"/>		
Police Report No.	<input type="text"/>		

Responsibility

In your opinion was any other person(s) responsible for loss or damage or cause of the occurrence? If YES, please provide full details Yes No

Full Name	<input type="text"/>		
Address	<input type="text"/>		
Phone	<input type="text"/>	Mobile	<input type="text"/>

Reason responsible

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Was there any witness to this event?

Yes No

Name of witness

Address

Phone Mobile No.

Have you ever previously sustained loss or damage or caused damage or injury to other parties?

Yes No

If YES, give details of such losses and amounts involved

Was an insurance Company involved?

Yes No

If YES, please state name of company and year of claim

Have you been convicted of any criminal offences in the last 10 years?

Yes No

If YES, please provide details

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

Your insurer may still require you to complete a claim form, contact you for further information or appoint an assessor or other service provider to assist with your claim.

If at any time you require further assistance or advice, please call your broker directly or email this form to enquiries@sunrise.com.pg

I/We declare that the information contained in this form is to the best of my knowledge true and accurate at the time of completion.

Date _____

Signature _____