



**Proclaim** Management Solutions

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## General Claim Form – Forbes Underwriting Solutions

*The issue of this form is not an admission of liability*

Type of Policy..... Policy No..... Date..... Amount \$..... Excess \$.....

|  |  |
|--|--|
| Name of Insured  | Tel. No.   |
| Postal Address   | Postcode   |
| Date of Event  | / /20 at am/pm or between am/pm and am/pm  |
| Where did the event occur?   |  |
| Brief Description (including cause of loss or damage)  | .....<br>.....<br>.....  |
| Amount claimed (as shown on the Schedule on reverse side of this form)                         | \$   |
| Is any Third Party to blame for loss or damage?  | Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, who?)<br>.....<br>.....  |
| Have you received/anticipate receiving Notice of any Claim from or on behalf of Third Parties? | Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, give details)<br>.....<br>.....  |
| Name/s and address/es of witness/es, if any  | .....<br>.....   |
| Have Police been notified?   | Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please state):<br>(i) What Station: .....<br>(ii) By whom? .....<br>(iii) Date of report ...../...../..... |
| Have you taken any other action to recover or reduce your loss?                                | .....<br>.....   |



|  |   |
|--|---|
|  | <p>.....</p> <p>.</p>   |
| <p>Other particulars:</p> <ul style="list-style-type: none"><li>• Name of Owner of Property Lost/Damaged</li><li>• Name of any other Interested Party (eg, Mortgagee, Trustee)</li><li>• Details of other insurances covering damaged property</li></ul> | <p>.....</p> <p>.</p> <p>.....</p> <p>.</p> <p>.....</p> <p>.</p> |



### DETAILED STATEMENT OF CLAIM

Please note, it is not necessary to deduct an amount for age use etc (ie, depreciation) if policy issued on Replacement Conditions.

| Full description of property lost or damaged | Name and address of party from whom purchased or acquired | Date purchased or acquired | Replacement Cost | Deduction for age use and/or wear and tear | Sum claimed as present value |
|--|---|----------------------------|------------------|--|------------------------------|
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### DECLARATION

(If a firm, this declaration must be made and signed by a member of the firm, so describing himself)

I/We declare that the above answers are true and correct, that I/We have in no manner caused the loss or by any fraud or wilful misrepresentation sought unjustly to benefit by the event and that the information detailed in the Schedule appearing above is a true and faithful account of the actual loss sustained excluding any profit or advantage. I/We undertake and agree to notify the Company immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of the Company to return the property or to refund the amount of money received by way of compensation.

Dated at: ..... this ..... day of ..... 20.....

Signature .....

Witness Name ..... Signature .....

Witness .....

Address .....



**NOTES**