



SECTION 2 – PROPERTY PROPERTY CLAIM FORM



TELEPHONE: (08) 9264 3333
FACSIMILE: (08) 9322 1557

221 ST GEORGE'S TCE PERTH
GPO BOX K837 PERTH WA 6842

IMPORTANT NOTICES

1. WHERE POSSIBLE, PLEASE ATTACH REPAIR/REPLACEMENT INVOICES AND/OR RECEIPTS.
2. PLEASE CHECK TO ENSURE ALL RELEVANT QUESTIONS HAVE BEEN ANSWERED.

COVER DETAILS

NAME OF PUBLIC AUTHORITYPHONE

POSTAL ADDRESSPOST CODE.....COVER No.

Please indicate type of cover: PROPERTY AVIATION MARINE ELECTIVE

Is there any other insurance covering the property lost or damaged? Yes No If yes, advise name of Insurance Company and
Policy/Cover No.

DETAILS OF CLAIM

1. Have you previously reported this claim to RiskCover? Yes No If Yes, how and when?
2. Date of loss or damage Timeam / pm CLAIM No.
3. When was it discovered?
4. Where did it occur?
5. Describe fully the cause and extent of loss or damage
-
-
-
-
-
6. Was the property lost or damaged wholly owned by you? Yes No
If No, advise details of ownership
7. Was the loss or damage reported to the Police? Yes No If Yes, advise name of Police Station
Date reported and by whom
8. Were there any witnesses to the loss or damage? Yes No If Yes, advise their name(s) and address
-
-
-
9. Do you consider any person(s) responsible for the loss or damage? Yes No If Yes, give reasons and name and address of
such person(s)
-
-
-
10. Have repairs been carried out? Yes No If Yes, advise the Repairer's name and address, and include the Repairer's
report
and has the repair account been paid? Yes No

PLEASE COMPLETE OTHER SIDE OF FORM

