

Claim Form | Accidental Loss

See Guide to Lodging a Claim overleaf

Name of Insured:

Policy No:

Email Address:

Phone No:

Address:

Insured Equipment Details:

Manufacturer & Model:

Serial No:

Claim Details:

Time and Date of Loss:

Last Known Location:

Describe how the loss occurred:

What steps were taken to recover the item(s)?

Police Notification - Station:

Time & Date:

Officer's Name:

Event/Report No:

Please see overleaf...



protecsure ABN 26094 997 163 AFSL 238815

Level 2 / 151 Castlereagh Street Sydney NSW 2000
PO Box 1239 QVB Sydney NSW 1230

e claims@protecsure.com.au

t 02 8251 6666

f 02 8088 7775

www.protecsure.com.au

Settlement Details

Once your claim has been assessed and if approved, we will transfer the funds directly to your bank account. Please provide us with the following details:

Bank Name: _____ BSB: _____

Account Name: _____ Account No: _____

Declarations

I/We acknowledge that I/We have read and understood the Privacy Act information at www.protecture.com.au and consent to the collection, storage, use and disclosure of my/our personal and sensitive information so that Protecsure, as agent for Chubb will be able to process my/our claim.

I/We the Insured do solemnly and sincerely declare that I/we have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or willful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim.

Further, it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the Company any sum which may have been paid to me/us in the respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

Signature of Insured: _____

Date: _____

Print Name: _____

Protecsure Pty Ltd ABN 26 094 997 163, AFSL 238815 is an underwriting agency for
Chubb Insurance Australia Limited ABN 23 001 642 020 AFSL No 239687



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