

PROFESSIONAL PACK CLAIM FORM



FIRST PROFESSIONAL UNDERWRITING AGENCY
 Proprietary Limited

PO BOX 7087 CLOISTERS SQUARE, PERTH WESTERN AUSTRALIA * ABN 12 053 505 552 * PHONE: (08) 9213 6192 FAX (08) 9213 6193

Thank you for this opportunity to be of service. We can assure you that we will attend to your claim promptly, fairly and professionally.
Should you have any queries, please do not hesitate to contact your insurance broker/agent or First Professional direct.
Privacy - We respect your privacy and we comply with the Privacy Act and the National Privacy Principles. A copy of our Privacy Statement is available at our office.

INSURED	Name in Full _____ Address _____ Telephone No.s _____ Business _____ Private _____ Facsimile No.s _____ Business _____ Private _____ ABN No. _____ Taxable % _____
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PARTICULARS	Date of loss, damage or occurrence _____ Time _____ a.m./p.m. When discovered _____ Time _____ a.m./p.m. Place and/or premises where it occurred _____ Please state full particulars how loss, damage or accident occurred; nature of damage or injury. _____ _____ _____ Please indicate name and address of person responsible for damage _____ _____ Are you the sole owner of the property lost or damaged? _____ Yes <input type="checkbox"/> No <input type="checkbox"/> If "No" please state particulars _____ Do you hold any other insurances under which a claim for this loss, damage or accident may be made? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state full details _____
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PLEASE COMPLETE IF APPLICABLE	Item No.	Full Description of property lost or damaged (Please state each article, item separately)	Date Purchased	Present Cost of Replacement	Value Salvage (if any)	Amount of Claim
	1	_____				
	2	_____				
	3	_____				
	4	_____				
	5	_____				
	6	_____				
	7	_____				
	8	_____				
	9	_____				
	10	_____				
Total Claimed					\$	

Please Complete Overleaf

PLEASE COMPLETE WHERE APPLICABLE

ADDITIONAL PARTICULARS

FOR ACCIDENTAL DAMAGE/LOSS, THEFT AND MONEY CLAIMS

- 1 Have Police been informed of the loss? Yes No Police Station reported to _____
2 Reported by _____ Date _____ Police File Number _____
3 Has loss been advertised in newspaper? Yes No (Please attach newspaper cutting)

FOR GLASS BREAKAGE CLAIMS

- 4 Have you arranged replacement? Yes No If "Yes" by whom? _____
5 Do you require us to settle the glazier's account or make payment direct to you? _____

FOR LEGAL LIABILITY CLAIMS

- 6 Name and address of any person injured, or owner of property damaged _____
7 Was person injured, or owner of property damaged, in your service, or in the service of any contractor or sub-contractor? _____
8 Has a claim been made against you Yes No If "Yes", please state details, and attach any relevant papers). _____
9 Names and addresses of witnesses of accident. (This information is of the utmost importance) _____
10 Name of Insurer of any property damaged _____
(NOTE - The Insured should not admit liability or advise they are insured)

FOR STORM CLAIMS

- 11 Did the storm cause damage to the building? Yes No _____
12 If "Yes", please give brief details _____

DECLARATION

The issue of this Form does not constitute an admission of the Company's liability.

I HEREBY DECLARE THAT I have in no matter caused the said loss or by any fraud or wilful misrepresentation sought unjustly to benefit thereby. AND I make this solemn Declaration conscientiously believing the same to be true.

Signature of Insured:

Date:

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