

# Householders Claim Form



It is essential that this form be returned directly to Ansvar Insurance, with all questions answered, at the earliest opportunity. Please print your answers and  where appropriate.

**Office use only** Claim number

## 1. Policyholder details

Name  Policy number

Address  State  Postcode

Telephone: Home  Telephone: Work  Telephone: Mobile  Email

**2. Date of loss**  /  /

**3. Nature of loss (Burglary, fire, etc)**

**4. Address of the premises at which the loss was sustained**  State  Postcode

**5. Describe how the loss occurred**

## 6. Ownership details

Are you the owner of the property lost or damaged?  Yes  No If no, who does own the lost or damaged property?

Owner's name

Address  State  Postcode

## 7. Was another person responsible for the damage to your property?

Yes  No If yes, name and address of person responsible

Name

Address  State  Postcode  Telephone

**8. If burglary, method of entry**

**9. Damaged caused by entry**

## 10. Have the police been notified?

Yes  No Which police station?  Police report number

## 11. Other insurance

If there is other insurance on the property for which a claim is being made, please tell us the:

Name of the insurance company  Type of insurance

Policy number  Period of cover  /  /

<b>Victoria</b> AD GPO Box 1655 Melbourne 3001 FX +61 3 9614 1545	<b>New South Wales</b> AD PO Box 1410 Parramatta 2124 FX +61 2 9687 9564	<b>Queensland</b> AD GPO Box 747 Brisbane 4001 FX +61 7 3221 6721	<b>South Australia</b> AD PO Box 630 Fullarton 5063 FX +61 8 8338 1920	<b>Western Australia</b> AD PO Box 840 West Perth 6872 FX +61 8 9324 2013	<b>Tasmania</b> AD PO Box 330 Launceston 7250 FX +61 3 9614 1545
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