

# 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) 9481 8799 FAX (08) 9481 8933

**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.**

<b>INSURED</b>	Name in Full _____ Address _____ Telephone No.s _____ Business _____ Private _____ Facsimile No.s _____ Business _____ Private _____ ABN No. _____ Taxable % _____
----------------	--

<b>PARTICULARS</b>	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 _____
--------------------	---

<b>PLEASE COMPLETE IF APPLICABLE</b>	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					
<b>Total Claimed</b>					<b>\$</b>	

*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:

[Signature box]

Date:

[Date box: / /]