



A.I.S. Insurance Brokers Pty Ltd
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PHOTOGRAPHIC EQUIPMENT CLAIM FORM

Insured		Policy No	
Address		Postcode	
Are you registered for GST: Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, ABN No	ITC Proportion %
Business		Home	
Mobile		Facsimile	
Occupation			
Are there any other Insurance's in force that would cover this in whole or in part?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide insurer and policy details			
Are you the sole occupier of the premises where the loss occurred?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, provide details			
Are you the owner of the property for which this claim is being made?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, provide details			

DETAILS OF LOSS OR DAMAGE

Please state the date of damage		Time	AM/PM
When was the loss / damage / occurrence first noticed and reported to you?		Time	AM/PM
Place and/or premises where it occurred			
Please state fully how the loss, damage or accident occurred?			
Please describe nature of damage or loss			

RESPONSIBILITY / WITNESS

Was another person, in your opinion responsible for the loss or damage or cause of the occurrence?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details			
Was there a witness or witnesses to this event?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details			

INSURANCE HISTORY

Have you previously sustained loss or damage or caused damage or injury to third parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details	
If yes, was an Insurance Company involved	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide insurer and policy details	

DESCRIPTION OF PROPERTY LOST OR DAMAGED (if insufficient space please attach details separately)

Item Description	Purchased	Supplier	Purchase Price	Amount Claimed
	/ /		\$	\$
	/ /		\$	\$
	/ /		\$	\$
	/ /		\$	\$
	/ /		\$	\$

BURGLARY THEFT OR MALICIOUS DAMAGE

Are you claiming for Burglary, Theft, or Malicious Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, provide full details of method of entry			
Were the police notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Police Station	
If so When		Officer	Report No
State reason if not reported to the police?			

Electronic Funds Transfer (EFT) details

1. Do you want the benefit to be deposited directly into a financial institution account via EFT?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Name the account is held in: _____				
3. BSB number (6 digits in total) _____				
4. Financial institution account number (up to 9 digits only) _____				
5. Financial Institution _____				

