

Claim Form | Accidental Damage

Policy Details

Name of Insured: _____

Email Address: _____

Phone No: _____

Address: _____

Insured Equipment Details

Manufacturer & Model: _____

Serial No: _____

Claim Details

Time & Date of Damage: _____

Place of Damage: _____

Provide Full Description of How the Damage Occurred:

What Damage Was Sustained?

Declarations

I/We acknowledge that I/We have read and understood the Privacy Act information at www.protecsure.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, I/We have read and understood the Protecsure Claimant Information Sheet which forms part of this claim form and understand Protecsure hold authority to manage the claims under this Policy and should therefore be contacted at the earliest in the event you wish to raise dissatisfaction with any aspect of the service you receive.

Signature of Insured _____ Date _____

Print Name: _____

