

# Claim Form | THEFT



## Policy Details

Name of Insured: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## Insured Equipment Details

Manufacturer & Model: \_\_\_\_\_

Serial No: \_\_\_\_\_

## Claim Details

Time & Date of Theft: \_\_\_\_\_

Location of Theft: \_\_\_\_\_

Full Description of How the Theft Occurred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were the Premises/Vehicle Locked?  Yes  No If yes, how was access gained?  
\_\_\_\_\_

Police Notification - Station: \_\_\_\_\_ Time & Date: \_\_\_\_\_

Officer's Name: \_\_\_\_\_ Event/Report No: \_\_\_\_\_  
\_\_\_\_\_



## Declarations

I/We acknowledge that I/We have read and understood the Privacy Act information at [www.protecsure.com.au](http://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 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:** \_\_\_\_\_

Protecsure Pty Ltd ABN 26 094 997 163, AFSL 238815 is an underwriting agency for  
Chubb Insurance Australia Limited ABN 23 001 642 020 AFSL No 239687

