

# Claim Form | Accidental Loss

See Guide to Lodging a Claim overleaf

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**Policy No:**

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**Name of Insured:**

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**Email Address:**

**Phone No:**

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**Address:**

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**Insured Equipment Details:**

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**Manufacturer & Model:**

**Serial No:**

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**Claim Details:**

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**Time and Date of Loss:**

**Last Known Location:**

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**Describe how the loss occurred:**

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**What steps were taken to recover the item(s)?**

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**Police Notification - Station:**

**Time & Date:**

**Officer's Name:**

**Event/Report No:**

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Please see overleaf...



## Settlement Details

Once your claim has been assessed and if approved, we will transfer the funds directly to your bank account. Please provide us with the following details:

Bank Name: \_\_\_\_\_ BSB: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account No: \_\_\_\_\_

## Declarations

I/We acknowledge that I/We have read and understood the Privacy Act information at [www.protecture.com.au](http://www.protecture.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, it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the Company any sum which may have been paid to me/us in the respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

Signature of Insured: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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