

### 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 _____		

## Privacy Consent

I consent to Coverforce:

- (a) Collecting and using my personal information for the purposes of administering my claim including investigating, assessing and paying any claim made by me or on my behalf. (If we do not collect this information we may not be able to process your claim.)
- (b) Disclosing my personal information to related entities of Coverforce, the insured (if not myself), other insurers and reinsurers, insurance reference bureaus, law enforcement agencies, investigators, lawyers, assessors, repairers, advisors and the agent of any of these, insurance broker, insurance agent or other intermediary, my employer or Financial Ombudsman Service Limited (FOS) for the purposes of administering my claim or providing a report.
- (c) I understand that a copy of the Coverforce privacy policy statement, including information about access, may be obtained by downloading a copy from the Coverforce website [www.coverforce.com.au](http://www.coverforce.com.au) or calling 1300 503 503.

Signed: X \_\_\_\_\_ Date \_\_\_\_\_

I / We hereby declare that the forgoing particulars are true and correct in every respect

Signed

Date

**Please submit your claim form and supporting documents to:**

Coverforce  
Locked Bag 5273  
Sydney NSW 2001

Email: claims@coverforce.com.au