iBroker

This claim will be administered on behalf of the insurer by:

IT Claims Services
PO Box 6101
Booran Road
Caulfield South VIC 3262
PH: 03 9578 2600
Fax: 03 9277 7767
Email: info@itclaims.com.au

CLAIM #:

Incident Notification Form

The issue of this form is not an admission of liability on the part of the Insurer or their Agents

Insured's Name:		**Contact Details**
		Home:
Address:		Business:
		Mobile:
	City: State: Postcode:	Fax:
		Email:

Type of Equipment:

Brand:..{Device.DeviceModel.Manu Model Number:..{Device.DeviceModel.Mode Serial Number:..{Device.SerialNumber}.....

Do you have Home Contents Insurance? No

Was the matter placed in the hands of the Police? {JobMetaIn If Yes, please advise:

Police Report Number:..{JobMetaInsurance.PoliceNotified ? JobMetaInsurance.PoliceNotifiedCrimeReportNo : ''}

Station:..{JobMetaInsurance.PoliceNotified ? JobMetaInsurance.PoliceNotifiedSt

Briefly describe how the loss or damage occurred:

{JobMetaInsurance.Description}

When did loss or damage occur: {JobMetaInsurance.LossOrDamageDate == null ? '' : JobMetaInsurance.LossOrDamageDate.ToStrir

Location at which loss or damage occurred: {JobMetaInsurance.EventLocation}

If a loss or theft claim, how was entry to the premises or vehicle gained? {JobMetaInsurance.BurglaryTheftMethodOfEntry}

Who discovered the loss or damage? {User == null ? '' : User.DisplayName}

Names of other persons present when discovery was made: {JobMetaInsurance.WitnessesNamesAddresses}

Were there any signs of forced entry? Details:

If YES, Please provide a copy of the repair invoice / quote for the property damage caused by the forced entry. If you are not responsible for the property repairs, please provide contact details of those that are:

Declaration

I declare that all information I have provided in relation to this claim is true and correct. I also agree to allow the Insurer and/or their Agents to discuss details of this claim with the Police, any Insurance and/or Finance Company, and/or their Agents, and if necessary permit the Insurer and/or their Agents to utilise this claim form for the purposes of making a Dual Insurance claim against any Insurance Policy that may also cover the equipment.

Signature of insured: [Authorised Person] **Date:** {#TimeStamp.ToShortDateStri