



This claim will be administered
on behalf of the insurer by:
I.T. AssetCare Pty Ltd
(ABN: 68 110 921 438)
P.O. Box 157
Mt Waverley BC VIC 3149
Ph: 1300 650 083 Fax: 03 9541 9499
Email: info@itac.net.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:

Address:

City:

State:

Postcode:

Contact Details

Home:

Business:

Mobile:

Fax:

Email:

Type of Equipment:
 Brand:..... Model Number:..... Serial Number:.....
 Do you have Home Contents Insurance? Yes/No If Yes, please advise:
 Insurance Company:..... Policy Number:.....
 Have you lodged a claim with this Insurer? Yes/No If Yes - Claim Number:.....
 Was the matter placed in the hands of the Police? Yes/No If Yes, please advise:
 Police Report Number:.....
 Station:..... Name of Officer:.....

Briefly describe how the loss or damage occurred:

When did loss or damage occur: Time: _____ Date: ____/____/____
 Location at which loss or damage occurred:
 If a loss or theft claim, how was entry to the premises or vehicle gained?
 Who discovered the loss or damage?
 Names of other persons present when discovery was made:
 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: _____ **Date:** _____