

Liability claim report form



Section 1 – Policy details

Policy number	ABN	ITC% (Input Tax Credit)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of policyholder			
<input type="text"/>			
Address			
<input type="text"/>			
		State	
		Postcode	
Telephone hours	Telephone number	After hours	Telephone number
: am/pm	<input type="text"/>	: am/pm	<input type="text"/>
Email address			
<input type="text"/>			
Occupation/Trade			
<input type="text"/>			

Section 2 – Main contact

Policy holder Broker

If **Broker**,

Name of contact person	
<input type="text"/>	
Telephone number	Email address
()	<input type="text"/>

Section 3 – Loss details

Loss description	
<input type="text"/>	
Date of incident	Time of incident
/ /	: am/pm
Location of loss	
<input type="text"/>	
Town/Suburb	Claim estimate (if known)
<input type="text"/>	<input type="text"/>

Repairs completed
Yes No

Section 4 – Third party details

Third party(s) name

Phone No.

Address

	State	Postcode
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Name of insurance company

Policy number

ABN

ITC% (Input Tax Credit)

Section 5 – Claim authority

Name

Signature

(I declare that all information provided in respect of this claim is true and correct and that no relevant information has been withheld)

Date

How to return this form

▼ Email: lodgeclaim@vero.com.au

▼ Fax: 1300 066 150

How to contact us

▼ Phone: 1300 888 073