

1. Details of Policyholder

Full Name	Occupation or Trade	
Address	Telephone (A/H)	Telephone (B/H)
	Email Address	

Insurer	Policy Number	Expiry Date
Account Manager	Client Code	

2. General Details of Loss/Damage

Where did the Event occur?

Date of event Approx time of loss/damage

Brief Description (including cause of loss/damage)

Amount Claimed (as shown on Schedule on the following page) \$

Is any Third Party to blame for loss or damage?

Yes No If Yes, please give details:

Have you received, or do you anticipate receiving, notice of any claim from or on behalf of Third Parties?

Yes No If Yes, please give details:

Give details of all witnesses, if any:

Name 1	
Address	
	Postcode

Name 2	
Address	
	Postcode

Were the police notified?

Yes No If Yes, please give details:

Date of report
Report Number
Name of Police Station

Have you taken any action to recover or reduce your loss?

Yes No If Yes, please give details:

3. Other particulars

Name of Owner of property lost/damaged

Name of any other interested party
(eg. Mortgagee, Trustee)

Details of any other insurances
covering lost/damaged property

4. ABN Details - Complete for ALL claims

Are you a registered business? Yes No

What is your ABN number?

What percentage of GST in your premium did you claim as an Input
Tax Credit for the period of insurance in which this loss occurred?

In the past 5 years, has the Policyholder:

- | | | | |
|-----|-------------------------------------------------------------------------|-----|----|
| i. | been convicted of, or had any fines or penalties imposed for any crime? | Yes | No |
| ii. | had an insurance policy declined, cancelled or conditions imposed? | Yes | No |

5. Declaration

I declare that the above statements are true, that I have not suppressed or mis-stated any facts. I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify BFrank Insurance in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Claimant 1 Full Name (Please use block letters)

Claimant 2 Full Name (Please use block letters)

Claimant 1 Signature

Claimant 2 Signature

Date

Date

This electronic signature will be treated the same as if signed personally (tick to sign)

6. Bank Details

BSB Number

Account Number

Account Name

Schedule

(1) PLEASE COMPLETE FOR LOSS OF PROPERTY:

Description of property for which loss is claimed	Date of Purchase or Acquisition	Original Cost	Value at time of Loss - allowing for reasonable Depreciation	Value of Salvage (if any)	Amount of Loss Claimed
TOTAL AMOUNT CLAIMED					\$

(2) PLEASE COMPLETE FOR DAMAGE TO PROPERTY:

Particulars	Name of Repairer (Invoice/Quote)	Amount of Damage Claimed
TOTAL AMOUNT CLAIMED		\$

(3) PLEASE COMPLETE FOR FUSION DAMAGE:

Machine/ Appliance	Maker/ Age of Motor	Date of Purchase	H.P. of Motor	Name of Repairer (Invoice/Quote)	Cost of Repairs
TOTAL AMOUNT CLAIMED					\$

Note: To avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable

(4) PLEASE COMPLETE FOR THIRD PARTY CLAIMS:

Details of injury or damage to third parties

- a) Name
- b) Address
- c) Occupation
- d) Nature and extent of injuries/damage
- e) Has the third party any relationship to you (eg. relative, employee)? Yes No
- f) Have you received any correspondence from third parties? If so, please enclose them with this form. Yes No
- g) Have you made any admission of liability? Yes No