

Gallagher Bassett Services Pty Ltd  
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 North Sydney NSW 2059

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## NOTIFICATION OF CLAIM

**TYPE OF CLAIM:**

- Storm/Lightening
- Water Damage/Ingress
- Machinery Breakdown
- Power Outage/Spike
- Glass Damage
- Impact Damage

- Loss of Sales/Business Interruption
- Burglary/Theft/Armed Hold Up
- Malicious Damage/Vandalism
- Public Liability
- Accidental damage
- Other

**YOUR DETAILS**

Business Name:					
Address:		State:		P/Code:	
Postal Address: (if different from above)		State:		P/Code:	
	Phone Number				
	Fax Number				
Name of Contact:			Email address:		
Name on Policy:			Policy Number:		

**INCIDENT DETAILS**

Date of Loss	Time of Loss	Date incident discovered

Please describe what happened:


**POLICE DETAILS (If Applicable)**

Has the incident been reported:                      Yes <input type="checkbox"/> No <input type="checkbox"/>				
Police station:	Contact:	Date reported:	Event/report number:	Phone Number:

**PROPERTY LOSS, DAMAGE or BUSINESS INTERRUPTION**

Description of Property	Amount Claimed (if known)
Total	\$
Less deductible/excess	\$
Total amount claimed	\$

*If section is too small to record your loss, please attach a separate document or spreadsheet*

**DETAILS OF ANY THIRD PARTY INVOLVED**

*(For matters such as motor vehicle impact where you believe another party is responsible)*

Company Name: (If applicable)			
Name:			
Relationship:	Vehicle Owner <input type="checkbox"/> Vehicle Driver <input type="checkbox"/> Contractor <input type="checkbox"/> Customer <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input type="checkbox"/>		
Postal Address:		State:	P/Code:
		Phone Numbers	
Email:		Rego (If applicable)	
Please describe the third parties involvement in this incident.		Driver's Licence (If Applicable)	

**DECLARATION**

Name:		Date:	
Signature:			