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A Specialist Underwriting Agency

General Claim Form

Claims Procedure:

The claim form is to be completed when Your Property has been affected by an insured event. Please complete the following Sections of this claim form; Answer all relevant questions in details; Attach separate pages if there is not enough space allotted on this claim form.

Contact:

New notification: claims@allparks.com.au our phone number is 02 4355 4027.

	Company / Traum	g as name:
Policy Number:		
Address:		
Suburb:	State:	Postcode:
Site Contact Name:	Phone number:	Email:
(i) Insurance premium	at Tax Credit in respect of: % and (ii) the property v	which is the subject of this claim \(\infty \)
_	% and (ii) the property v	which is the subject of this claim %
(i) Insurance premium Petails of Incident: Date of Incident	% and (ii) the property v	pm
(i) Insurance premium Petails of Incident: Date of Incident	% and (ii) the property v	pm
(i) Insurance premium Petails of Incident: Date of Incident	% and (ii) the property v	pm
(i) Insurance premium Petails of Incident: Date of Incident	% and (ii) the property v	pm

	Section 1 Property Damage Section 2 Business Interruption Section 3 Theft Section 4 Money Section 5 Glass Section 7 Machinery Breakdown	ible to incident:		in Transit	ents	
3. F	Police Details:					
	Was the accident reported to Po Police report number.	lice or WorkCover	authorities?	Ŋ	Yes No	
	Did the police attend the site? If YES , Please provide details in	include name of attending officer and all docume			Yes No entation.	
4. F	Property Lost or Stolen					
	Description of Property	Price Paid	Replacement cost	Date Of Purchase	Amount Claimed	
5. I	Property Damage Was the property damaged by v	water or Storm?		Yes	No	
	Was the property damaged by I	Fire?		Yes	No	
	Is this a claim for Glass only?				No	
	Have temporary repairs been completed?				No	
	Are you the sole owner of the p	Yes	No			
6. F	Privacy					
	Your Privacy is important to Us. amongst other things, how We conformation in order for Us to pro Services including Your claim.	llect, handle, store	and disclose You	r personal and sen	sitive	
	To do this We may disclose Your accordance with the Privacy State	-	tion to Our service	providers and oth	ners in	

7. Declaration

- I/ We acknowledge All Parks Insurance Pty. Ltd. and/or certain underwriters at Lloyds may give to, or obtain from, other insurers and/or Insurance/Financial Bureau, state Licensing, Parts or Service Providers, personal information in relation to this claim or my insurance in general.
- I/We hereby declare that the information and answers given above are true in every detail and no information has been withheld or misrepresented.
- I/We undertake to render every assistance in My/Our power in dealing with this matter.

Signature of Insured:	Date:	
Position held within Company:		

PRIVACY STATEMENT

We collect your personal information so we can assess your insurance claim. If you fail to provide us with this information, we may be unable to assess your claim.

We may disclose your personal information to a range of other entities and persons, including to overseas recipients, as set out in our Privacy Policy.

Refer to our Privacy Policy for information about accessing and correcting personal information, and about complaints handling. The Privacy Policy is available at www.allparks.com.au