



This claim will be administered on behalf of the insurer by:

IT Claims Services
PO Box 6101
Booran Road
Caulfield South VIC 3262
PH: 03 9578 2600
Fax: 03 9277 7767
Email: info@itclaims.com.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

Table with 3 columns: Insured's Name, Address, Contact Details. Includes fields for Home, Business, Mobile, Fax, and Email.

Form section for equipment details: Type of Equipment, Brand, Model Number, Serial Number, Insurance Company, Policy Number, etc.

Form section for loss description: Briefly describe how the loss or damage occurred, When did loss or damage occur, Location at which loss or damage occurred, etc.

Declaration

Declaration text: 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: