

Photographic Equipment Claim Form

Please answer all questions. This will help us process your claim quickly.

1. Policy number (from your schedule) Expiry date

2. Insured (surname, company, partnership)

3. Address

 Postcode

4. Mobile no. Business telephone no.
Email address

5. Are you registered for GST purposes?
No Yes
▶ What is your ABN?

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?
No Yes
▶ Is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium?
No Yes Specify the percentage claimed or intended to be claimed %

Are you entitled to claim an input tax credit for repairs or replacement of the damaged item(s)?
No Yes
▶ Is the amount claimable less than 100%?
No Yes Specify the percentage claimable %

6. When did the loss, theft or damage happen
Date Time a.m. p.m.

7. Please describe what happened

8. Address where loss, theft or damage happened

 Postcode

9. Who discovered the loss, theft or damage?
Name Date Time a.m. p.m.

10. Do you know who is responsible for the loss or theft of, or damage to your property?
No Yes
Provide names(s), address(es) and any other information about the person(s) responsible

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11. Were there any witnesses to the loss, theft or damage?

No Yes

▶ Name of witness	<input type="text"/>	Telephone no.	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Name of witness	<input type="text"/>	Telephone no.	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

12. Were your premises or vehicle broken into?

No Yes

▶ When were the premises or vehicle last occupied?

Date Time a.m. p.m.

Were the premises or vehicle securely locked?

No Yes

How was entry gained to the premises or vehicle (e.g. window broken, door forced)?

You must report any loss, theft or vandalism of property to the police. We may need to apply to the police for a copy of this report.

13. Name of police station where you reported it	Name of police officer
<input type="text"/>	<input type="text"/>
Police offence report no.	Date reported
<input type="text"/>	<input type="text"/>

You must report any loss caused by fire to the fire brigade.

14. Name of fire station where you reported it	Date reported
<input type="text"/>	<input type="text"/>

15. Is the equipment repairable?

Yes Would you like us to allocate a repairer/supplier Yes
No Attach a quote for the repairs

No Attach original receipts, valuations, quote for replacement or a certification from an authorised repairer that the item is unrepairable

16. Some of the property lost, stolen or damaged may be covered under other policies. Please list any other insurance you have which might cover these items.

Name of Insurer	Policy No.
<input type="text"/>	<input type="text"/>
Type of Insurance	<input type="text"/>



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Professional
Photographer's
Insurance Broker

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Declaration

My answers to the questions in this Claim Form are to the best of My knowledge true and correct and believe I have not withheld any information likely to affect consideration of this claim. Where such answers are not in My own handwriting and relate to the accident details, or Me, they have been checked by Me and certified as correct.

Insured's Signature

Date

When complete, please forward the report to:

Email claims@wscbrokers.com.au

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