

## YOUR DETAILS – The Insured

Name of Insured:			
Policy Number:			
Street No. & Name:			
Suburb:	State:	Postcode:	
Best Contact Name:			
Best Contact Phone:	Second Contact Phone: <i>(if applicable)</i>		
Best Email:			

## GST DETAILS

For GST purposes, are you registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you entitled to any Input Tax Credit (ITC) if you repair damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Percentage (%) of ITC that can be claimed:		Your ABN:	

## CLAIM DETAILS

What is the claim type?	Fence <input type="checkbox"/> Fire <input type="checkbox"/> Glass <input type="checkbox"/> Burglary, Theft, Accidental Loss <input type="checkbox"/>
Date of loss/incident:	/ / Time of loss/incident: am/pm
Address of loss/incident:	
Describe what occurred:	
Describe the loss/damage:	
Who discovered the loss/incident?	What is their relationship to you?
Date discovered: / /	Time discovered: am/pm
Has a quote been obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/> If "YES", please provide:

## POLICE REPORT

Was the incident reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Police Report No.:	
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Once your claim form is completed, please submit to our office via one of the below methods: **EMAIL:**

[claims@goldsworthygi.com.au](mailto:claims@goldsworthygi.com.au)

**POST:** CLAIMS Goldsworthy General Insurance Services, PO BOX 6529, UPPER MT GRAVATT, QLD 4170

GOLDSWORTHY

**ADDRESS:**

Lvl 5 HyperCentre  
50-56 Sanders St  
Upper Mt Gravatt Q  
4122

**PHONE:**

07 3421 3700

**WEB:**

goldsworthygi.com.au