

YOUR DETAILS – The Insured

Insured : <i>(Community Title Scheme or Strata Plan Number)</i>			
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	No	If YES, what is your ABN:
Percentage (%) that can be claimed:			

CLAIM DETAILS – Description of Loss

Date of loss/incident:	/ /	Time of loss/incident:	am/pm
Please describe below what happened:			
Please describe the damage:			
Address of loss/incident:			
Who discovered the loss/incident?			
Date discovered:	/ /	Time discovered:	am/pm
Have you obtained quotes to repair/replace?	Yes	No	If YES please provide quotes

POLICE REPORT

Was the incident reported to police?	Yes	No	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

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