



Send claim form to:  
Email: [distribution@breezeuw.com.au](mailto:distribution@breezeuw.com.au) | Phone: 1300 556 826

## Feature & Television

### CLAIM FORM

#### In the event of a Claim:

- Take precautions to ensure that no further damage or loss occurs to the machinery or equipment.
- Where possible, have machinery or equipment moved to a secure location for inspection.
- No repairs are to be commenced without first obtaining consent from Breeze Underwriting.

#### Completing this Claim Form:

- Please answer every question relevant to this claim, provide full information and return this form to Your Broker as soon as possible, together with any relevant photos and attachments.
- Incomplete, illegible or unclear answers could delay processing of Your claim.
- If insufficient space is provided, please attach separate sheet(s) and sign and date each sheet.
- Contact Your Broker if You are unsure about any matters relating to completion of this form.

#### POLICY DETAILS

Insured:	_____		
Policy No:	_____	ABN:	_____
To what extent can you claim an Input Tax Credit on your insurance premiums?	_____		%
Address:	_____		
City:	_____	State:	_____
		Post Code:	_____
Telephone No:	_____	Mobile No:	_____
Fax:	_____	Email:	_____



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### INSURANCE BROKER

Name of your Insurance Broker: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### DESCRIPTION OF LOSS:

Day and Date of Incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time of Loss: \_\_\_\_\_ am / pm

Please describe what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did the loss, theft or damage occur? \_\_\_\_\_  
\_\_\_\_\_

Who discovered the loss, theft or damage? \_\_\_\_\_

Date discovered: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time of Loss: \_\_\_\_\_ am / pm

Are you the owner of the property being claimed for? Yes / No

If "No", give details: \_\_\_\_\_

Does any other party have an interest in the property being claimed for? Yes / No

If "Yes", give details: \_\_\_\_\_

Is there any other insurance policy which would cover this loss, theft or damage? Yes / No

If "Yes", give details: \_\_\_\_\_

Do you know who is responsible for the loss, theft or damage to your property? Yes / No

Please advise Name(s) and Address(es) of the person(s) responsible: \_\_\_\_\_  
\_\_\_\_\_

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**SECURITY DETAILS:**

Are any of these used to provide security to the premises?

- |   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| Key window locks on all accessible windows    | <input type="checkbox"/> | Grilles on all accessible windows and doors | <input type="checkbox"/> |
| Double keyed deadlocks on all perimeter doors | <input type="checkbox"/> | Perimeter alarm                             | <input type="checkbox"/> |
| Back to base (please attach activity report)  | <input type="checkbox"/> | Internal alarm                              | <input type="checkbox"/> |
| Did the device activate as a result of theft? | <input type="checkbox"/> | Fixed Safe                                  | <input type="checkbox"/> |
| Free Standing Safe                            | <input type="checkbox"/> | None  | <input type="checkbox"/> |

**POLICE:**

Was this loss, theft or damage reported to the Police? Yes / No

Date reported: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Crime Report No: \_\_\_\_\_

Name of Police Officer: \_\_\_\_\_

Name of Police Station where loss, theft or damage was reported: \_\_\_\_\_

**Please attach a copy of the Police Report.**

If the damage is the result of fire, did the fire brigade attend? Yes / No

**DETAILS OF PREVIOUS LOSS, THEFT OR DAMAGE?**

Have you ever suffered any loss, theft or damage at this address or elsewhere in the last 5 years? Yes / No

If yes, give details:

TYPE	DATE:	AMOUNT:
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$



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	/ /	\$
	/ /	\$



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**DETAILS OF PREVIOUS LOSS, THEFT OR DAMAGE? (CONTINUED)**

Have you made a claim on any insurer for any of the above mentioned incidents? Yes / No

If yes, give details:

TYPE	DATE:	AMOUNT:
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$

**LOSS OR DAMAGE TO PROPERTY:**

DESCRIPTION OF PROPERTY (include Serial Numbers)	WHERE PURCHASED:	WHEN PURCHASED:	VALUE AT TIME OF LOSS:	REPLACEMENT VALUE (attach quotes)
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
			<b>TOTAL:</b>	\$

**Where possible attach original invoices, receipts or other proof of purchase. This will help in assessing**



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**your claim as quickly as possible.**

**LIABILITY CLAIMS**

Please provide details of injury to other person or damage to property of others/

Name of third person: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Nature and extent of injuries or damage sustained: \_\_\_\_\_

Is the third party any relationship to you? (e.g. relative or employee) Yes / No

If "Yes", please state the relationship. \_\_\_\_\_

Have you made any admission of Liability? Yes / No

**DECLARATION**

The information and answers given above are true and complete in every detail.

I understand the claim may be refused or reduced if information is withheld.

I authorise that Breeze Underwriting give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_

Date: \_\_\_\_\_

**Please note:** If the insured is a company, partnership or other business venture, this declaration must be made and



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signed by an authorised person.