



## Claim Notification Form

Completed by:

Date:

### Insured Details

Full Name of Insured	Contact Numbers:
Address:	
Policy Number:	Policy Excess:

### Loss Details

Date of Loss or Damage: Time:	Type of Claim:
Description of Loss: (Include details of what happened and what has been damaged, stolen etc)	
Estimate of Loss:	

### Police

Reported to Police ?	Date Reported:	Station :
	Officer:	Report No:

**MBJ Insurance Solutions | Authorised Representative No. 331416.**

**Authorised Representative of Ausure Pty Ltd t/as Ausure Insurance Brokers ACN 096 971 854 | Licence No: 238433**