

Liability Claim Form

Policy details

Policy number	ABN	ITC% (Input Tax Credit)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of policyholder

Address

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone hours	Telephone number	After hours	Telephone number
<input type="text"/> : <input type="text"/> am/pm	<input type="text"/>	<input type="text"/> : <input type="text"/> am/pm	<input type="text"/>

Email address

Occupation/Trade

Main contact

Policy holder Adviser

If Adviser,

Name of contact person

Telephone number	Email address
<input type="text"/>	<input type="text"/>

Loss details

Loss description

Date of incident	Time of incident
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> am/pm

Location of loss

Town/Suburb	Claim estimate (if known)
<input type="text"/>	<input type="text"/>

Repairs completed

Yes No

Third party details

Third party(s) name

Phone number

Address

Suburb

State

Postcode

Name of insurance company

Policy number

ABN

ITC% (Input Tax Credit)

Claim Authority

Name

Signature

Date

How to return this form

- Email: omar@alsis.com.au

How to contact us

- Phone: 0419 531 903