



General Claim Form

Notes

- Claims must be notified promptly. A detailed account of all articles lost, damaged or destroyed and their current value must be supplied within 30 days of the occurrence.
Any loss by theft or any wilful or malicious damage must be immediately advised to the Police and reasonable steps taken to trace and recover any missing property.

To avoid delay and to ensure payment of claims, attach invoices and quotes showing itemised details of cost.

Insured/Contact Details

Office Use Only

Name of insured:
Full contact name:
Position:
Contact Address:
Phone No: (Home) (Work)
(Email)

Client Code:
Type of Claim:
Claim Number:
Doc Storage:

Claim/Event Details

Date of event: / /

Where did the event occur?

Description/Cause of loss or damage

Details of action taken to recover or reduce your loss

Loss By Burglary/Theft - Police Station notified. Report No: Date / /

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

We agree to notify LCA Insurance immediately if any of the property mentioned in this claim is subsequently recovered, and at the option of LCA Insurance to return the property or to refund the amount of money received by way of compensation.

Signature of Insured Date / /

# Claim Schedule

Please complete for property claims

Description of Property for which loss is claimed	Year of Purchase	Repairer/Supplier	Replacement/Repair Cost (inc GST)

Total Property Claim \$ . . . . .

## Summary of Claim

Total amount claimed including GST \$ . . . . .

Less GST \$ . . . . .

Less Excess \$ 500.00 . . . . .

NET CLAIM \$ . . . . .

Please provide the insured bank account details for payment.  
Account name must be in the name of the insured.

..... (Account name) (BSB number) (Account number) .....

**Send/email completed form with invoices to:**

LCA Insurance  
PO Box 45  
North Adelaide SA 5006  
Email: admin@lcainsurance.org.au

