

Declaration

I / We solemnly and sincerely declare:

1. That the information supplied on this Claim Form and Statement of Claim is true in every respect.
2. I / We understand that the claim may be refused if information is withheld, false, misleading or concealed.
3. That there was no other insurance covering this loss current at the date of this incident.
4. I / We acknowledge that this Claim Form is a Legal Document and as such may be used in any legal proceedings resulting from this claim.

Full Name: _____

Signature Of Insured(s): _____

Position: _____

Date (DD/MM/YYYY): _____

EFT Details for Settlement

Bank:
Account Name:
BSB:
Account Number: