

## SADDLERY & TACK CLAIM FORM

|  |  |  |      |               |          |  |
|--|--|--|------|---------------|----------|--|
| Insured Name   |  |  |      | Policy Number |          |  |
| Address  |  |  |      |               | Postcode |  |
| Are you registered for GST: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, ABN: ITC Proportion % |  |  |      |               |          |  |
| Business   |  |  | Home |               |          |  |
| Mobile   |  |  |      |               |          |  |
| Address where equipment is stored  |  |  |      |               |          |  |
| Are there any other Insurance's in force that would cover this in whole or in part?                                |  |  |      |               |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, provide insurer and policy details:  |  |  |      |               |          |  |
| Are you the sole occupier of the premises where the loss occurred?   |  |  |      |               |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If No, provide details:  |  |  |      |               |          |  |
| Are you the owner of the property for which this claim is being made?  |  |  |      |               |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If No, provide details:  |  |  |      |               |          |  |

## DETAILS OF LOSS OR DAMAGE

|  |  |      |  |       |
|--|--|------|--|-------|
| Please state the date of loss / damage                                     |  | Time |  | AM/PM |
| When was the loss / damage / occurrence first noticed and reported to you? |  | Time |  | AM/PM |
| Place and/or premises where it occurred                                    |  |      |  |       |
| Please state fully how the loss, damage or accident occurred?              |  |      |  |       |
| Please describe nature of damage or loss                                   |  |      |  |       |

### RESPONSIBILITY / WITNESS

|  |  |
|--|--|
| Was another person, in your opinion responsible for the loss or damage or cause of the occurrence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, provide details:   |  |
| Was there a witness or witnesses to this event?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, provide details:   |  |

### INSURANCE HISTORY

|   |  |
|---|--|
| Have you previously sustained loss or damage or caused damage or injury to third parties? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, provide details:  |  |
| If yes, was an Insurance Company involved?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, provide details:  |  |

### DESCRIPTION OF PROPERTY LOST OR DAMAGED

(if insufficient space please attach details separately)

| Item Description | Date Purchased | Supplier | Purchase Price | Amount Claimed |
|------------------|----------------|----------|----------------|----------------|
|                  |                |          | \$             | \$             |
|                  |                |          | \$             | \$             |
|                  |                |          | \$             | \$             |
|                  |                |          | \$             | \$             |

### BURGLARY THEFT OR MALICIOUS DAMAGE

|  |  |  |  |                |  |          |
|--|--|--|--|----------------|--|----------|
| Are you claiming for Burglary, Theft, or Malicious Damage? |  |  |  |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| If Yes, provide full details of method of entry:           |  |  |  |                |  |          |
| Were the police notified?                                  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Police Station |  |          |
| If so, When?   |  |  |  | Officer        |  | Report # |
| State reason if not reported to the police?                |  |  |  |                |  |          |

## PRIVACY CONSENT

I consent to Coverforce:

- (a) Collecting and using my personal information for the purposes of administering my claim including investigating, assessing and paying any claim made by me or on my behalf. (If we do not collect this information we may not be able to process your claim.)
- (b) Disclosing my personal information to related entities of Coverforce, the insured (if not myself), other insurers and reinsurers, insurance reference bureaus, law enforcement agencies, investigators, lawyers, assessors, repairers, advisors and the agent of any of these, insurance broker, insurance agent or other intermediary, my employer or Financial Ombudsman Service Limited (FOS) for the purposes of administering my claim or providing a report.
- (c) I understand that a copy of the Coverforce privacy policy statement, including information about access, may be obtained by downloading a copy from the Coverforce website [www.coverforce.com.au](http://www.coverforce.com.au) or calling 1300 503 503.

Signed: X Date \_\_\_\_\_

**Please submit your claim form and supporting documents to:**

Coverforce  
Level 5/11 Eastern Road  
South Melbourne VIC 3205

Email: [claims@coverforce.com.au](mailto:claims@coverforce.com.au)