

Personal Valuables Insurance General Claim



1

DETAILS OF INSURED

Surname Given Name/s Policy/Claim number

Permanent Postal Address Postcode

Occupation Home Phone Business Mobile

Email

2

DETAILS OF LOSS/DAMAGE

Describe what occurred

Date of loss/damage Time of loss/damage : am pm

Where did the loss/damage occur? How was the loss/damage discovered?

By whom? On what date was the loss/damage discovered?

Was another person(s) present when discovery of the loss/damage was made? Yes No
If yes, please provide their full name(s)

Were you the sole owner of the property claimed for at the time of the loss/damage? Yes No
If no, please provide their full name and address of co-owner

Is the item(s) lost or damaged insured by any other Policy other than your HBF Policy? Yes No
If yes, please provide details

Has a repair/replacement quote been obtained? Yes No If yes, please attach quotation.

3

DETAILS OF POLICE REPORT

Was a report made to the Police? Yes No
If no, why not?

Police Station Date Reported Time : am/pm Police Report Number

Has any arrest(s) been made? Yes No
If yes, please provide details

Have any of the item(s) been recovered? Yes No
If yes, please provide details

What other steps have been taken to recover the lost property?

PLEASE TURN OVER

