

# 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

