



4. How did the damage or loss occur?

5. Describe the cause and the circumstances leading to the damage or loss

6. Who discovered the damage or loss? Name

7. When was the damage or loss discovered?

Date   /   /   Time  a.m.  p.m.

**Details of damaged property (Note: All damaged parts replaced must be kept for our inspection)**

1. Describe the damaged property:

Type	Manufacturer	Model no.	Serial no.	Date of purchase
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Address where the damaged property can be inspected

Postcode

3. Does any other party have a financial interest in the property?

No  Yes

**If "yes", please state:**

Name

Address

Postcode

4. Is the damaged property covered by a guarantee/warranty?

No  Yes

**If "yes", please give details of company concerned:**

Name

Address

Postcode

5. Is there any other insurance in force on the damaged property?

No  Yes

**If "yes", please give details:**

Name of Insurance Company

Policy number

6. Was there any unrepaired damage to the property before the loss or damage?

No  Yes

**If "yes", please describe the damage:**

7. Has the damaged property previously been repaired/replaced?

No  Yes

**If "yes",** Date of repair or replacement   /   /

**Note: The report form on pages 5-6 must be completed and signed by the repairer**



## Electronic equipment

1. Was the loss/damage due to burglary or theft?

No  Yes

If "yes", please give details:

a. Police Station at which report was made and Police Report Number

b. Date reported  /  /  Time  a.m.  p.m.

2. Is this a claim for Loss of Information - Data Processing Media?

No  Yes

If "yes", please give details:

Time required  hours Estimated cost to reconstruct the data

\$

3. Is this a claim for Increased Cost of Working?

No  Yes

If "yes", please give details of the substitute equipment

4. What is the estimated expenditure?

\$

## Declaration

I/We declare that the said theft or loss occurred without my/our knowledge or consent.

I/We have not sought to benefit unjustly from this claim by fraud, wilful misrepresentation or exaggeration.

I/We declare that the information supplied on this claim form is true in every respect.

I/We consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my/our personal information to or collecting my/our personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

I/we agree that, by submitting this form, the personal information I/we provide in this form or otherwise may be collected, held, used and disclosed in the manner set out in our Privacy Policy. Where I/we have provided information about another individual, I/we confirm that I/we have provided notice to and obtained the consent of that individual in the manner required in the Privacy Policy.

Note: A copy of the Privacy Policy is on our website [www.nrma.com.au/privacy](http://www.nrma.com.au/privacy) or can be sent to you by contacting us on 132 132.

The document can be signed electronically, using the Adobe fill and sign feature.

Signed

Date

/  /



## Full details of charges

Item Part/Operation (e.g. Motor, Compressor etc.)	Hours	\$ Rate c	\$ Cost c	ITC %
Charges for removal and reinstallation	@	.	.	
Labour charges for on site repairs	@	.	.	
Workshop labour charges	@	.	.	
Overtime charges	@	.	.	
Travelling charges	@	.	.	
Hire charges		.	.	
Transport (Freight) charges		.	.	
Please specify any other charges		.	.	
		.	.	
		.	.	
		.	.	
		.	.	
		<b>Total</b>	\$ .	

**Total** Cost of Repairs and Charges \$

The document can be signed electronically, using the Adobe fill and sign feature.

Signature of Repairer

Date

 /  / 

Name (please print)

Phone no.