



Section A
**Fund Member
Details**

Fund Member Name

--

Details of person within Fund Member to contact concerning the claim:

Name

--

Business Address

--

Telephone

--

Mobile No.

--

Email

--

Date that you or the entity first became aware of the claim

/	/
---	---

Section B
**Claimant
Details**

Name of Claimant

--

Business Address

--

Telephone

	Mobile No.
--	------------

Email

--

Date and time of incident that gave rise to this claim

/	/	Time:
---	---	-------

Section C
**Details of
Loss**

Incident Location

--

Location Contact Name

--

Location Contact Telephone

--

Location Contact Email

--

Description of Incident

--

Comcover Gateway Asset
No. (If applicable)

--

Is there any salvage?

Yes ☐ No ☐

Description of salvage

--

Estimate of value of loss

--

Date loss was reported to
Police

/	/
---	---

Police Station

--

Officer Name

--

Police Station Telephone No.

--

Police Incident No.

--

Has property been
recovered?

Yes ☐ No ☐



Section D
**Consequential
Loss**

Are operations interrupted as a result of the loss?

Yes ☐

No ☐

If yes, give a brief description

Estimated period of interruption

Section E
**Third Party
Recovery**

Please provide details of any third party involvement.

Third Party Name

Third Party Address

Contact Name

Contact Telephone

Contact Email

In accordance with the Privacy Act 1988 and the Australian Privacy Principles, all personal and sensitive information collected directly from you, and from other agencies, will be stored and used on our claims management system. This information may be forwarded to external service providers for the purposes of assessing your claim, and may be shared with third parties as authorised by law. Further information about the privacy practices of Finance, including how to make a complaint, is contained in the privacy policy available at <http://www.finance.gov.au/sites/default/files/privacy-policy.pdf>.

Name of person reporting the claim

Signature of person reporting the claim

Date

Name of Fund Member Insurance Contact

Signature of Fund Member Insurance Contact

Date



Attachments

- Copy of police report (if relevant)