## CLAIMS NOTIFICATION OF PROPERTY DAMAGE

Please fax to: 02 9253 7128 or Email: claims.australia@aon.com.au

| Policy Holder:  |          | Policy Number (If Known) |          |           |  |
|---|----------|--------------------------|----------|-----------|--|
| Who is your normal contact at Aon?  |          |                          |          |           |  |
| Name:   |          | Office Location:         |          |           |  |
| Your Contact Name:  |          | Contact Phone:           |          |           |  |
|   |          | Mobile:                  |          |           |  |
|   |          | Email:                   |          |           |  |
| Address:  |          |                          |          |           |  |
| Suburb:   | Stat     | te: P                    | ostcode: |           |  |
| GOODS & SERVICES TAX  |          |                          |          |           |  |
| Are you registered for GST Purposes? Yes No   |          |                          |          |           |  |
| What is your ABN  |          |                          |          |           |  |
| Will you be claiming an input tax credit on the full amount of GST Yes $\square$ No $\square$ |          |                          |          |           |  |
| DETAIL OF YOUR LOSS   |          |                          |          |           |  |
| Date of the loss or<br>damage, or when it was<br>first discovered:                            |          |                          |          |           |  |
| Describe the nature and extent of damage:   |          |                          |          |           |  |
|   |          |                          |          |           |  |
|   |          |                          |          |           |  |
|   |          |                          |          |           |  |
| Where did the loss or damage happen?  | Address: |                          |          |           |  |
| (Please provide address   | Suburb:  |                          | State:   | Destandor |  |
| if different from above)  |          |                          | State:   | Postcode: |  |
| Describe what happened:   |          |                          |          |           |  |
|   |          |                          |          |           |  |
|   |          |                          |          |           |  |
| Are you concerned that there are any health and   |          |                          |          |           |  |
| safety issues as a result of the loss or damage   |          |                          |          |           |  |
|   |          |                          |          |           |  |

| Signature | Date |
|-----------|------|
|           |      |

