

1.	Company/Insured Name							
2.	ABN No.		ITC%					
3.	Contact Name							
	Contact Phone No.							
	Email Address							
4.	Address of Loss							
5.	Date of Loss		Time	am <input type="checkbox"/> pm <input type="checkbox"/>				
6.	Description of Loss							
7.	Reported to Police (YES OR NO)	Yes <input type="checkbox"/> No <input type="checkbox"/> Station? _____ Event No. _____						
8.	Additional Notes:							
9.	Bank Account Details	Name _____						
		BSB _____ Account No. _____						
10.	Claim Range Estimate	\$ _____	or 1-5K <input type="checkbox"/>	5-30K <input type="checkbox"/>	30-50K <input type="checkbox"/>	50-100K <input type="checkbox"/>	100-200K <input type="checkbox"/>	over 200K <input type="checkbox"/>

### OFFICE USE ONLY

11.	Client No.		Claim No.	
12.	Policy No.		Insurer	
13.	Claim Lodged with Insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how? Email <input type="checkbox"/> Mail <input type="checkbox"/> Telelodge <input type="checkbox"/>		
	Claim Form sent to Client?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how? Email <input type="checkbox"/> Mail <input type="checkbox"/> Delivered <input type="checkbox"/>		
14.	Who is the Builder/Assessor allocated if telelodged (if known)? _____			
15.	Is the claim registered on CBS	Yes <input type="checkbox"/> No <input type="checkbox"/> Who registered it? _____		
16.	Your Name		Date	
17.	Allocated Claims Servicer	Broking Team <input type="checkbox"/> Claims Team <input type="checkbox"/>		