

Business Interruption - Loss notification – Covid19

1.	Insurer:		Policy No:	
2	Insured:			
	ABN:		ITC%:	
	Contact Name:			
	Contact No:			
	Email:			
3.	Location:			
4	Date of Loss	To be determined		
5	Estimate of loss:			
	• Anticipated Pre Covid turnover	\$		
	• Percentage reduction	%		
	Additional costs (Covid Safe)			
	• PPE and Sanitiser	\$		
	• Capital costs	\$		
	• Cleaning	\$		
	• Other	\$		
	Savings (Reduced operating costs)			
	• Electricity	\$		
	• Rent	\$		
	• Other	\$		
8	Name	Signature	Date	

Notes:

1. The issue or acceptance of this form is not an indication that your claim will be ultimately accepted.
2. Covid19 claims will be complex and insurers will require significant information.

At a **minimum** they will be looking for:

- 2018 and 2019 Financial Year Profit and Loss Statements (Detailed with trading account summaries included)
- BAS statements for periods from 1/1/2018
- Monthly Jobkeeper Statements
- Details of any other Government grants/relief received or applied for
- Copy of any Government orders received