Property Claim

1. Agency details

1.1 Agency name:
1.2 Address:
1.3 Contact name:

1.4 Phone:	1.5 Email:

1.6 Risk/cost centre:

2. Incident details

2.1 Date of incident:	Time:	am/pm

2.2 Address of incident?

2.3 Previously reported to us?	Yes ☐ No ☐ If yes, report/claim number:

2.4 Was it during operational hours? Yes ☐ No ☐	2.5 Was it discovered during a stock take? Yes ☐ No ☐

2.6 Detailed description of incident:

2.7 Description of loss or damage:

2.8 Who is, or what was considered to have caused the loss or damage?
Why?

2.9 If you consider any person(s) responsible for the loss or damage, provide details:
Name:
Address:

Phone:	Email:
Insurer:	Policy Number:

Name:
Address:

Phone:	Email:
Insurer:	Policy Number:

2.10 If faulty manufacture or workmanship contributed to the loss or damage, provide details:

2.11 Who owns the property?	Agency ☐	Private ☐	On loan ☐	Leased ☐ if leased, include lease contract

2.12 If private, was the property being used for business related purposes?	Yes ☐ No ☐

2.13 Did the person have the agency's authorisation to use the private property? Yes ☐ No ☐ if yes, attach statement supporting this.	

2.14 What security measures are in place at the location?   ☐ Bars, grills and locks   ☐ Canine security   ☐ Electric fence

☐ Monitored detection systems   ☐ On-site guard   ☐ Signage (e.g. warnings)   ☐ Security fencing   ☐ Security lighting

☐ Property swipe card access   ☐ Security camera/monitoring   ☐ Patrols   ☐ Window film   ☐ Visitor log-in system

☐ Other – specify:

2.15 Was the theft or malicious damage reported to the Police?   Yes ☐ No ☐   If yes, report number:

2.16 Provide details of precautions taken to avoid further loss or damage:

2.17 If repairs have been carried out, who should be paid?

(Attach the repairer's report, quotations, invoices and any technical reports)

2.18 Is there other insurance cover on the property?   Yes ☐ No ☐ If yes, policy number (if known):

Insurance company:

3. Witness details

Were there any witnesses to the incident?   Yes ☐   No ☐   If yes, provide details:

Name:

Address:

Phone: Email:

Name:

Address:

Phone: Email:

4. Statement of claim (attach copies of asset or resource entries). If not completed, claim may not be paid/delayed.

Items lost or damaged, including make and model	Quantity	Date of purchase	Asset or resource list number	Serial number	Amount claimed
					$
					$
					$
					$
					$
					$
					$
					$
					$
				TOTAL	$

5. Claimant declaration

I declare that the details submitted are true and correct.

Signature: Date:

Name: Title:

Phone: Email:

6. Agency declaration and authorisation. An unsigned form will not be accepted and returned to you.

I declare that I am the person authorised to lodge the claim against the RiskCover Fund on behalf of the abovementioned agency.

Signature: Date:

Name: Title:

Phone: Email: