

General Insurance Claim

Details of claim

Insured / Client reference

Email

Date of loss / Date of first Notification

Policy number

Particulars of claim / Description

Contact person 1

Name

Email

Phone

Contact person 2

Name

Email

Phone

Important notice

I hereby declare the above statements and particulars to be true and correct and I make this declaration on the basis that I have delegation of power to sign for and on the behalf of the Insured.

Signature

Date

Please email this completed form and any relevant documents to claims@enginsure.com.au.

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