



This claim will be administered on behalf of the insurer by:

IT Claims Services
PO Box 6101
Booran Road
Caulfield South VIC 3262
PH: 03 9578 2600
Fax: 03 9277 7767
Email: info@itclaims.com.au

CLAIM #: Incident Notification Form

The issue of this form is not an admission of liability on the part of the Insurer or their Agents

Table with 3 columns: Insured's Name, Address, Contact Details. Includes fields for Home, Business, Mobile, Fax, and Email.

Form section for equipment details including Type of Equipment, Brand, Model Number, Serial Number, and insurance information.

Form section for loss description including 'Briefly describe how the loss or damage occurred', date of loss, location, and entry details.

Declaration

Declaration section containing a statement of truth and fields for Signature of insured and Date.