



AFSL 482029 ABN 17 605 879 507
 Registered Office: 52 Chisholm Street,
 Darlinghurst NSW 2010
 www.amazonunderwriting.com.au

Email : memberservices@fdca.com.au

NOTIFICATION OF CLAIM

TYPE OF CLAIM:

- Storm/Lightening
- Water Damage/Ingress
- Machinery Breakdown
- Power Outage/Spike
- Glass Damage
- Impact Damage

- Loss of Sales/Business Interruption
- Burglary/Theft/Armed Hold Up
- Malicious Damage/Vandalism
- Public Liability
- Accidental damage
- Other

YOUR DETAILS

Business Name:					
Address:		State:		P/Code:	
Postal Address: (if different from above)		State:		P/Code:	
		Phone Number			
		Fax Number			
Name of Contact:		Email address:			
Name on Policy:		Policy Number:			

INCIDENT DETAILS

Date of Loss	Time of Loss	Date incident discovered

Please describe what happened:

POLICE DETAILS (If Applicable)

Has the incident been reported: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Police station:	Contact:	Date reported:	Event/report number:	Phone Number:



**AMAZON
UNDERWRITING**

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PROPERTY LOSS, DAMAGE or BUSINESS INTERRUPTION

Description of Property	Amount Claimed (if known)
Total	\$
Less deductible/excess	\$
Total amount claimed	\$

If section is too small to record your loss, please attach a separate document or spreadsheet

DETAILS OF ANY THIRD PARTY INVOLVED

(For matters such as motor vehicle impact where you believe another party is responsible)

Company Name: (If applicable)			
Name:			
Relationship:	Vehicle Owner <input type="checkbox"/> Vehicle Driver <input type="checkbox"/> Contractor <input type="checkbox"/> Customer <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input type="checkbox"/>		
Postal Address:	State:	P/Code:	
	Phone Numbers		
Email:	Rego (If applicable)		
Please describe the third parties involvement in this incident.	Driver's Licence (If Applicable)		

DECLARATION

Name:		Date:	
Signature:			