

Travel claim form

Use this form when making a travel claim with us.



Policyholder details

Personal details

First name(s)										
Last name										
Date of birth	d	d	m	m	y	y	y	y		

Contact details

Home phone				Work phone			
Facsimile				Mobile			
Email							

Postal address

Street address or Box number						
Suburb						
Town or city				Post code		

Please note

Issue of this form does not constitute an admission of TOWER Insurance liability.

Event details

What happened?

When did the loss or damage occur?

Date	d	d	m	m	y	y	y	y
Time	h	h	m	m	<input type="radio"/> a.m. <input type="radio"/> p.m.			

Place, and/or premises where it occurred

Full particulars how loss, damage, or accident occurred

When was it discovered?

Date	d	d	m	m	y	y	y	y
Time	h	h	m	m	<input type="radio"/> a.m. <input type="radio"/> p.m.			

Nature of damage or injury

Name and address of person responsible for damage

Are you the owner of the property lost or damaged?

Yes No

If no, please provide details of the owner.

Do you hold any other insurance under which a claim for this loss, damage, or accident may be made?

Yes No

If yes, please state full details

Property loss inventory

Please attach receipts, valuations, invoices or other documents to support ownership, value, purchase or repair.
If you do not provide full and correct information, this could result in your claim not being accepted.

1.	Description of property lost or damaged. Please state each article separately.	Date purchased				Present cost of replacement	Was this item new when purchased?
		m	m	y	y		
2.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No
3.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No
4.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No
5.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No
6.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No
7.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No
8.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No
9.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No
10.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No

Complete where applicable

Risks, burglary and theft claims

Have the police been informed of the loss? Yes No

Police station reported to

Reported by

Date reported

Date	d	d	m	m	y	y	y	y
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Has the loss been reported in the newspaper?
(Please attach newspaper cutting). Yes No

Name of person injured, or owner of property damaged

Breakage of glass claims

Has a replacement been arranged? Yes No

If yes, please state who with?

Do you require us to settle the account? Yes No

If yes, where would you like payment made

Glazier's account Your account

Public liability claims

Was someone injured, or property damaged in your services, Yes No
or in the service of any contractor or sub-contractor?

Name and address of person injured, or owner of property damaged

Has a claim been made upon you? Yes No

If yes please state details, and attach any relevant papers

Please give names, addresses and phone numbers of all witnesses
This information is of the utmost importance

Name and address of witness A of accident

Full name	<input type="text"/>	
Address	<input type="text"/>	
Phone number	<input type="text"/>	<input type="text"/>

Name and address of witness B of accident

Full name	<input type="text"/>	
Address	<input type="text"/>	
Phone number	<input type="text"/>	<input type="text"/>

Name of insurer of any property damaged

Note: The insured should not admit liability or advise he/she is insured.

Storm claims

Did the storm cause damage to the building?

Yes No

If yes please give brief details

Declaration

Please read this carefully before signing

- I declare the details on this form to be true and correct. I confirm the completion and signing of this form is a claim on TOWER and not only a notice of accident. I acknowledge that any untruth, wilful misrepresentation or gross inflation of amounts claimed, or suppression by or on behalf of me in any declaration or statement in support of the claim makes the policy void and the premium forfeitable.

Signature

Insured's signature								
Date	d	d	m	m	y	y	y	y

OFFICE USE ONLY

Client number										
Claim number										