



WESFARMERS FEDERATION
INSURANCE LIMITED
 A.B.N. 18 009 027 221
Truly Australian

Please reply to: WFI	OFFICE USE ONLY		
	Policy:		
	Expiry:		
	Loc:	Risk:	ITCE%:
	Claim #:		XS:
	Date C/F sent:	/ /	
Officer:		Assr:	

GENERAL CLAIM REPORT

- Note:**
- To be completed and signed by the insured.
 - The issue or acceptance of this claim report is not an admission of liability by the company.
 - If there is not enough space for your answer to any of these questions please attach a separate sheet of paper with the question number or subject shown. Any attachments will form part of this claim report and the declaration will include them.
 - If you require assistance please call us at the above location.

PRIVACY: Personal information provided to us in this document will only be used by us to deal with this claim and your future insurance arrangements with and claims you might make on us. We will only pass the information to persons outside WFI if they are assisting us with the above matters or we are required by law to do so or you consent to our doing so.

INSURED

Full name of insured: _____
 Trading name: _____
 Do you have an Australian Business Number? Yes No If yes, your A.B.N.: _____ and
 The ITCE % is the percentage of the GST charge on the premium for the policy on which this claim is made and for which the insured is entitled to claim as an Input Tax Credit Entitlement.
 ITCE %: _____ must be provided
The information you provide about Australian Business Number is your declaration to us as required by legislation. If you do not provide the information, your claim may be delayed until you do so.
 Postal address: _____ Postcode: _____
We may need to contact you. Please detail and indicate your preferred methods by ✓ in the appropriate boxes.
 Private: _____ Business: _____ Mobile: _____
 Fax: _____ Email: _____ By post:
 Policy number: _____ Risk number: _____ Current to: _____

LOSS/DAMAGE

1. When did the loss/damage occur?	Date: _____ Day: _____ Time: _____ am/pm
2. Where did the loss/damage occur?	_____
3. What happened?	_____
4. Who was responsible?	Name: _____ Address: _____ ☎: _____
5. Who was the building occupied by?	Name: _____ Address: _____ ☎: _____
6. When was the building last occupied?	_____
7. If the loss/damage resulted from burglary or theft, explain how entry was gained:	_____
8. Have you reported the loss/damage to the police?	Yes <input type="checkbox"/> No <input type="checkbox"/> Station: _____ File Number: _____
9. Have you arranged (attach documents):	A quotation <input type="checkbox"/> Repairs <input type="checkbox"/> Replacement <input type="checkbox"/> Payment <input type="checkbox"/>

SPECIAL NOTE: Please now complete the Schedule and Declaration overleaf.
 Do not dispose of or abandon claimed damaged property without our consent.

