



A.I.S. Insurance Brokers Pty Ltd
ACN 065 797 597
ABN 36 543 825 719
AFS Licence No. 255304

137 Moray Street
South Melbourne 3205
PO Box 7660
Melbourne Victoria 3004
Australia

Telephone +61 3 8699 8888
Facsimile +61 3 8699 8899
email insure@aisinsurance.com.au
www.aisinsurance.com.au

MUSICAL INSTRUMENT CLAIM FORM

Insured		Policy No	
Address		Postcode	
Are you registered for GST: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, ABN No	ITC Proportion	%
Business		Home	
Mobile		Facsimile	
Occupation			

Are there any other Insurance's in force that would cover this in whole or in part?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide insurer and policy details	
Are you the sole occupier of the premises where the loss occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, provide details	
Are you the owner of the property for which this claim is being made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, provide details	

DETAILS OF LOSS OR DAMAGE

Please state the date of damage		Time	AM/PM
When was the loss / damage / occurrence first noticed and reported to you?		Time	AM/PM
Place and/or premises where it occurred			
Please state fully how the loss, damage or accident occurred?			
Please describe nature of damage or loss			

RESPONSIBILITY / WITNESS

Was another person, in your opinion responsible for the loss or damage or cause of the occurrence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details	
Was there a witness or witnesses to this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details	

INSURANCE HISTORY

Have you previously sustained loss or damage or caused damage or injury to third parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details	
If yes, was an Insurance Company involved	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide insurer and policy details	

DESCRIPTION OF PROPERTY LOST OR DAMAGED (if insufficient space please attach details separately)

Item Description	Purchased	Supplier	Purchase Price	Amount Claimed
	/ /		\$	\$
	/ /		\$	\$
	/ /		\$	\$
	/ /		\$	\$
	/ /		\$	\$

BURGLARY THEFT OR MALICIOUS DAMAGE

Are you claiming for Burglary, Theft, or Malicious Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, provide full details of method of entry				
Were the police notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Police Station		
If so When		Officer	Report No	
State reason if not reported to the police?				

Electronic Funds Transfer (EFT) details

1. Do you want the benefit to be deposited directly into a financial institution account via EFT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Name the account is held in: _____		
3. BSB number (6 digits in total) _____		
4. Financial institution account number (up to 9 digits only) _____		
5. Financial Institution _____		

