

GENERAL CLAIM FORM

Contractors Bonding Limited / Dominion Underwriting Agents Pty Ltd

Policy Number:	Type of Policy:
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Name of Insured	
Postal Address	
Date of Event	/ / 20 at am / pm
Brief Description (including cause of loss or damage)	
Amount Claimed	\$
Is any Third Party to blame for the loss or damage?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If 'Yes', please provide details)
Have you received / anticipate receiving notice of any claim from or on behalf of Third Parties?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If 'Yes', please provide details)
Name/s and address/es of witness/es, if any	
Have police been notified?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If 'Yes', please provide details) (i) What Station? (ii) By Whom? (iii) Date of Report:
Have you taken any other action to recover or reduce your loss?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If 'Yes', please provide details)
Name of Owner of Property Lost / Damaged	
Name of other Interested Party/ies (e.g. mortgagee)	
Details of other insurances covering damaged property	

