

D&G Theft & Burglary Claim Form

DATE:

Please complete the information requested truthfully and return the form with all documents (as required) to Domestic and General Insurance Pty Ltd, Claims Department, GPO Box 3004, Melbourne VIC 3001 or email ausdocuments@domesticandgeneral.com

1. Your Details

Policy Number:
Full Name:
Postal Address:
Suburb:
State:
Postcode:
Phone Number:
Email Address:

2. Appliance/ Device Information

Type of Appliance/ Device:	
Make(Brand):	Model Number:
Serial No(IMEI Number if mobile phone):	
Purchase Price:	Purchase Date:

PLEASE ATTACH PROOF OF PURCHASE COPY.

3. Details of Incident

Date of incident: ___/___/___
Location details of incident (Address)
Provide details of how the theft occurred and provide any witness details. (Attach an additional sheet of paper if the below is not sufficient).
Who was in possession of the insured product at the time of the incident:

5. Police Information

Date of report: ____ / ____ / ____

Name of the police station:

Police report reference number:

ATTACH WRITTEN POLICE REPORT AS SUPPORTING EVIDENCE (must be in English)

6. Additional Cover/ Documentation

Should your device also be covered under any other type of warranty/ insurance protection i.e. travel insurance or home and contents insurance, it is a requirement to attach supporting documentation such as name, address and phone number of insurer, policy number and type of insurance.

Have you claimed this incident against another policy ? YES NO

Has the IMEI been cancelled by your telco provider?(mobile devices only) YES NO

ATTACH SUPPORTING DOCUMENTATION OF ADDITIONAL COVER

ATTACH WRITTEN PROOF OF IMEI CANCELLATION FROM TELCO PROVIDER

7. Declaration

I declare that the information provided in this form is complete and truthful. I accept any false information provided may lead to a loss of the protection covered by the policy and all necessary documents have been supplied as supporting evidence.

Proof of purchase: Police report: Additional Cover Documentation: IMEI cancellation letter:

Date:

Name:

Signature:

PLEASE NOTE: IN ORDER FOR US TO ASSESS YOUR CLAIM YOU MUST PROVIDE INFORMATION REQUESTED WITH YOUR COMPLETED CLAIM FORM.

Please send all documents to:

Post: Claims Department, Domestic & General GPO Box 3004,
Melbourne VIC 3001

Email: ausdocuments@domesticandgeneral.com (Please include policy number/ reference number in subject field).