

## Landlords Insurance Claim Form

When completing this form you need to be honest, accurate and truthful in your answers. We may reduce or refuse to pay a claim if you have not answered our questions in this way. By completing this form you are confirming that you have read our Privacy Policy available online at [woolworths.com.au/insurance](http://woolworths.com.au/insurance). **If any of the following questions are not relevant, please mark the box with N/A. If the space provided is insufficient to capture any of your responses, please attach additional pages as required.**

### Your details:

Policy number

First name

Surname

Address

Suburb

State

Postcode

Phone: (mobile)

(home) ( )

(work) ( )

Email

### Incident details:

Date and time the incident occurred

/

/

:

am/pm

Tell us in detail what happened

Describe or list what has been damaged or lost

Has your home been made secure?

Yes

No

Was the incident reported to the police?

Yes

No

### Submitting your form:

Once your claim form has been received, a member of our claims team will call you the following business day to discuss your claim.

Alternatively, download, print and fax this form to (02) 8889 9512.