



WAYNE GRAYSON
& ASSOCIATES

Contents Claim Form

Personal Information

Name	<input type="text"/>	Policy Number	<input type="text"/>
Contact Person	<input type="text"/>	Contact Phone	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>
Address	<input type="text"/>		
Preferred method of Contact	<input type="text"/>		

Loss Details

Time of loss AM PM Date of Loss

Location of Loss

What were the circumstances of Loss

Loss Schedule

Description of Item	Purchase Price	Items Age	Where was the item Purchased
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Is there any other insurance held on the damaged Property?	Yes	No
<i>if yes, Details</i>	<input type="text"/>	
Do you know who is responsible for the damage?	Yes	No
<i>if yes, Details</i>	<input type="text"/>	
Is there Finance Held on the damaged property?	Yes	No
<i>if yes, Details</i>	<input type="text"/>	
Does any other party hold ownership stake of the property?	Yes	No
<i>if yes, Details</i>	<input type="text"/>	
Was the property damage reported to the police?	Yes	No
<i>if yes, Details</i>	<input type="text"/>	
Is the lost or damaged property insured under the policy?	Yes	No
<i>if yes, Details</i>	<input type="text"/>	

Have you or your partner or anyone covered under this policy made any Contents claims in the past three years ?

Yes No

Have you or your partner or anyone covered under this policy had insurance refused, cancelled, special terms imposed, renewal not offered or claim declined

Yes No

Have you or your partner or anyone covered under this policy had a criminal conviction that is not subject to the Criminal Records (Clean Slate) Act 2004?

Yes No

Further Information or Comments

Declaration

I agree that Wayne Grayson and associates and the insurance company with whom I am insured may

I agree that the insurance company with whom I am insured may give to or obtain from the ICR details relevant to my claim. (The Insurance Claims Register Ltd (ICR) holds details of claims under policies issued by participating insurers. Participating insurers can check details of your claims history at ICR.)

Failure to provide full and correct details could result in your claim not being accepted by the insurer.

I have read, and confirm that I understand this delaration

Name of Insured (Person Completing form)

Direct Credit Details

Bank	Branch	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Name:

Submit Form

Reset Form



