# 

# CLAIM LODGEMENT INFORMATION FORM

|  |  |
| --- | --- |
| Business Name |  |
| Contact Name |  |
| Contact Phone |  |
| Email |  |
| Date (today) |  |
| Date of incident |  |
| Situation of incident |  |
| Type of claim ie theft, damage, workers comp, business interruption etc |  |
| Brief description of incident and details of what is to be claimed |  |
| Any other relevant information |  |