

SSAA General Insurance Brokers.

The Precinct, Suite 14, 539 Greenhill Rd, Hazelwood Park SA 5066.

P | 08 8332 0281 **F** | 08 8332 0303 **E** | insurance@ssaains.com.au

Freecall 1800 808 608 (Landline only) **www.ssaib.com.au**



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Date: / /

CLAIM ADVICE FORM

TYPE OF CLAIM

- Motor
- Domestic
- Commercial
- Other (*Please specify*):

ADVICE RECEIVED FROM:

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NAME OF INSURED:

.....

DATE OF LOSS:

..... / /

ESTIMATE OF LOSS:

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DEDUCTIBLE:

\$.....

PREMIUM PAID:

Yes No

POLICY NUMBER:

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CLAIM NUMBER:

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DETAILS OF LOSS:

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DOCUMENTS CLIENT NEEDS TO PROVIDE:

- Claim form
- GST details
- Quotation/s for repair or replacement
- Invoice/s for repair or replacement
- Police report/other reports
- Correspondence from third party
- Deductible payment
- Other:
- Other:

COMPLETED BY:

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COMMENTS:

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