



# Claim Notification Form

Immediately send this form to:

**TLC Insurance Ltd** / F 0800 TLC FAX / info@tlcinsurance.co.nz

Date

## Insured Details

Insured/Name

Contact Name

Email

Phone

*Business*

*Mobile*

*Home*

Bank Account Details

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## Broker Details

Broker Company

Contact

Phone

Email

## Third Party Details

Broker Company

Contact

Phone

Email

## Policy Details

Policy No.

Sum Insured

Excess

## Description of Item

Year

Make

Model

Reg/Serial No

## Claim Details

Circumstances of Loss

Date of Loss

Time of Loss

### Repair Details

Estimate (ex GST)		Area of Damage	
Location of Machine		Repairer	
Phone		Mobile	
		Email	
Address			

### Assessor Details

Assessor		Company		Date Appointed	/	/
Phone		Mobile		Email		

### Notes
