

PRELIMINARY CLAIM NOTIFICATION

Before completing this form please make sure you have read the Claims Procedures on the IHG Surety & General website.

Date: _____ Time: _____

Insured: _____

Address of Loss or Damage: _____

Date of loss: _____ Time: _____

Date advised to IHG Surety & General: _____ Time: _____

Circumstances giving rise to this claim or potential claim and extent of loss or damage:

Have the Police been notified? Yes No

Contact Name: _____ Station: _____

Damaged property is available for inspection at:

Was another party involved or responsible for the loss or damage? Yes No

If so please give details: _____

Have any temporary repairs been made?

Contact Person: _____ Phone: _____

Estimate of loss: \$ _____

Contact Details

Phone: (02) 9929 9969

Fax: (02) 9929 9919

Email: info@surety.com.au