

Vero claims
Phone: 1300 888 073
Fax: 1300 066 150
Email: lodgeclaim@vero.com.au



Liability claim report form

Policy Details:

Name of policyholder

Address

	State	Postcode
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Telephone hours

: am/pm

Telephone number

Telephone after hours

: am/pm

Telephone number

Email address

Occupation/Trade

Policy Number

ABN

Main Contact:

Broker

Policy holder

If Broker

Name of contact person

Telephone number

Email address

Loss Details:

Loss description

Date of incident

Time of incident

Location of loss

Town/Suburb

Claim estimate (if known)

Repairs completed

Yes

No

Third Party Details:

Third party(s) name

Phone No.

Address

<input type="text"/>	State	Postcode
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Name of insurance company

Policy number

ABN

ITC% (Input Tax Credit)



Claim Authority:

Name

Signature

Date