

# Merchandise Cover Claim

**Latitude Insurance**  
GPO Box 1571  
Sydney NSW 1025  
Phone: 1800 800 230  
Fax: (02) 8249 3885  
[www.latitudefinancial.com.au/insurance](http://www.latitudefinancial.com.au/insurance)

## Checklist

Before submitting your claim form, make sure you can tick **all** the boxes below:



Fully completed this form?

Included any copies of any appropriate Police or Fire reports?

Obtained and included any licenced repairer quote?

Obtained and included the original receipt itemising the purchase?

Dated and signed this form

### How to claim

1. Please supply us with full details of the loss/theft/damage to your item.
2. Please supply copies of relevant Police or Fire reports if appropriate.
3. Please retain any damaged articles for inspection.
4. After completion forward the form to: Claims Department, GPO Box 1571, Sydney NSW 1025.

## Important Information

Each item is covered up to a maximum of \$1,000.

**REMEMBER** you cannot claim for certain items. For details of excluded items, please refer to your Policy.

## Cardholder's Details

	<i>Title</i>	<i>First name(s)</i>	<i>Last name</i>
Name	<input type="text"/>		
Address	<input type="text"/>		
	<i>State</i>	<i>Postcode</i>	
Mobile number	<input type="text"/>	Home phone number	<input type="text"/>
Date of birth	<input type="text"/>		
Card account number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Was the item purchased on your credit card?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

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## Question 1

### Description of property lost, stolen or damaged (please retain damaged articles for inspection)

Description	Date purchased	Make	Model	Purchase price	Invoice attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Please use a separate sheet of paper (if necessary for more items). Please submit your original sales receipt and statement showing the items which are the subject of this claim. No claim can be processed without these.

### Name and address of retailer from whom the property was purchased

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## Question 2

Is the claim for a lost or stolen item? Yes  No  If no, go to question 3

Date of loss/theft  /  /  Where did the loss/theft occur?  How did it occur?

Has the loss been reported to the Police? Yes  No  Police Incident or Report Number

Please report the loss to the appropriate authority before submitting the claim.

## Question 3

Is the claim for damaged items? Yes  No  If Yes, please obtain an estimate from a licenced repair and attach.

Date of damage  /  /  Where did the damage occur?  How did it occur?

Has the damage been reported to the Police or Fire Authorities? Yes  No

Police or Fire Incident or report number

## Declaration

The claim form information herein is true and correct to the best of my knowledge and belief. I understand that this loss report must be completed and that all the required Fire, Police and Insurance claim reports must be made and submitted before any claim under this policy can be processed. I authorise Hallmark General Insurance Company Ltd. or its representatives to make any enquiries and obtain any information they consider relevant. I fully understand that I must give all necessary information to the tax authorities and pay any tax liabilities arising from claims payments.

Your signature  Please print your name here  Date  /  /