



**Fine Arts Insurance
Claim Form**

Name of Insured: _____

Address: _____

Telephone Number: _____

Policy Number: _____

Date of Loss: _____

Location of Loss: _____

Please describe the circumstances of the loss as fully as possible:

Do you consider any other party responsible for the incident? Yes No

If Yes, please give details below, including contact details:

Are you the sole owner of the property lost or damage? Yes No

If No, please give full details of the owners or part owners of the property:



QUANTUM
Underwriting Agencies

Quantum Underwriting Agencies Pty Ltd
Suite 2, Eaton House, 10 Cassowary Bend, Eaton, WA 6232
ABN 68 131 910 542
Corporate Authorised Representative No 328372
Corporate Authorised Representative of Quantum Insurance Holdings Pty Ltd
ABN 71 163 019 485
AFS 451 134



Do you hold any other insurance under which claim for this incident may be made?

Yes No

If Yes, please give full details:

If a crime is suspected, have the Police been informed of the incident?

Yes No

If Yes, please give details:

Police Station reported to: _____

Report No: _____

(Please attach Police complaint acknowledgement form for all cases of theft or loss.)

If No, please give reason:

Have you taken any other steps to recover the property?

Yes No

If Yes, please give details:

Have you previously (in the past 3 years) made a claim against Lloyd's or any insurance company?

Yes No

If Yes, please give details of each loss and the amount claimed:



Declaration. Please read carefully before signing

I/we declare that all the particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld, that no other person(s) have an interest of any kind in the said property and that all conditions and stipulations of the policy have been complied with.

I/we hereby claim from the underwriters in respect of the loss, damage or accident described above and declare that the amount claimed is based on a true value at the time of the loss.

I/we understand that the underwriters or their representatives may make further investigations in respect of this claim and that I/we may be required to submit further information and/or documentation in the furtherance of our claim.

Signed: _____ Dated: _____

By: _____

Position: _____

Please return your completed claim form to your broker or:

Quantum Underwriting Agencies
PO Box 7163
Eaton
WA 6232

Tel: (08) 9724 1555
Fax: (08) 9725 2901
Email: alex@qua.net.au

Quantum Underwriting Agencies is not an insurer under your policy. The insurer(s) are those underwriters shown under "Security" in your schedule. Please note that, in accepting this claim form, Quantum Underwriting Agencies is acting as an agent of the insurer(s) and not as your agent.