



Quick Claim Notification

YOUR DETAILS

Name on the Insurance Policy (eg. Business / Partner / Insured)	First Name							
	Middle Name							
	Surname							
Address					State		Post Code	
	Phone		()	Fax	()			
Contact Details	Mobile			Email				

DETAILS OF INCIDENT / ACCIDENT

What has happened? (eg. Accident / Fire / Burglary)							
Date of Loss							

MOTOR VEHICLE CLAIMS

Vehicle							
Rego							
Third Party details							

QUESTIONS

Any further questions regarding the Policy or Incident / Accident?							

FURTHER INFORMATION

We will be in contact with you shortly to initiate your fast track claim and confirm further details.

Regards,

Phone : 07 32782071

Email: claims@gardners.com.au