



®

A.B.N 38 726 423 979

PROBUS CENTRE – SOUTH PACIFIC INC.

MONEY COVER CLAIM FORM

INSURED:

Limited to accredited Probus club or accredited Probus association.

INTEREST:

Full Money Cover including In Transit and at Private Residence

All monies must be banked within two working days.

LIMIT OF INDEMNITY

\$5,000 per club/association per claim

EXCESS

10% of claim

INSURER

PCSP

CONDITIONS

Notification of loss to PCSP office within 7 days

Claims to be made on PCSP official claim form accompanied by a Statutory Declaration.

THE INSURED

Full Name		Contact Details	Private:
Address			Business:
	Postcode		Mobile:
	Probus club/association:		Email:

GOODS AND SERVICES TAX

To ensure you do not incur any unnecessary GST liabilities on this claim please complete these details.

Are you registered for GST purposes? No Yes

What is your ABN? (If applicable)

If you have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy? No Yes

Is the amount claimed less than 100% of the GST applicable to the premium? No Yes Please specify %

Please note that this information is used by the insurer for their own GST calculations and will not affect your claim.

DETAILS OF WHEN, WHERE AND HOW THE LOSS HAPPENED

Date of loss or the date of when it was first discovered.

Where did the loss happen?

How did the loss happen? (If the loss was a result of theft from a building, please state how entry was gained.)

DECLARATION

I/We do hereby declare that the foregoing answers are true and correct, that I/We have in no manner wilfully caused the said loss or by any fraud or misrepresentation sought unjustly to benefit by the said event and that the information detailed in the Schedule appearing on page 4 hereof is a true and faithful account of the actual loss sustained excluding any profit or advantage.

AND I/We hereby undertake and agree to notify the Probus Centre – South Pacific Inc. immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of the Probus Centre – South Pacific Inc. to return the property or to refund the amount of money received by way of compensation in respect thereof.

Dated atthis.....day of20.....

Signature of Insured.....

Position in club/association (if applicable)

Additional information you may wish to provide should be set out on page 4.

