

GENERAL INSURANCE INVESTIGATION REFERRAL FORM

CLIENT DETAILS							
Organisation							
First name				Surname			
Position / role				Direct phone			
Email							
Postal address							
Postal address							
Postal address							
Claim / reference no.							
Date of incident	day	month	year	Date requested <i>(today's date)</i>	day	month	year
Please fill in the below table with as much information as possible to assist our investigation							
Investigation type	<i>Motor vehicle accident</i>		<i>Single motor vehicle</i>		<i>Property fire</i>		<i>Property theft</i>
Policy inception date	day	month	year	Sum insured	\$		
Type of cover							

INSURED DETAILS						
Organisation						
Gender	Male	Female				
First name				Surname		
Date of birth	day	month	year	Position / role		
Direct phone				Email		
Postal address						
Interpreter required	Yes	No				
Language spoken						
VEHICLE DETAILS						
Location of loss						
Date of loss	day	month	year			
Registration				Make		
Model				Colour		
Property address						
Does duty of disclosure apply?	Yes	No				

SPECIFIC INSTRUCTIONS						
Person to be interviewed						
Name ¹				Surname ¹		
Direct phone ²						
Name ²				Surname ²		
Direct phone ¹						
Name ³				Surname ³		
Direct phone ³						
Have you obtained a police report?	Yes	No	Have you obtained a fire report	Yes	No	
Police report event no				Attending officer		
Documents to request?						
Please indicate the supporting material you will supply. NOTE: Once you <i>submit</i> this referral form you will be prompted to attach your supporting material to an email, which will be sent to Worksite.						
Attachments	Police report	Fire report	Telephone interviews	Photographs	Searches	Forensics
	Other					
Any other comments						
<p align="center">PLEASE HIT THE SUBMIT BUTTON BELOW TO EMAIL THIS FORM, ALONG WITH ANY OTHER SUPPORTING INFORMATION TO general@worksite.net.au OR SEND VIA FAX ON 02 9807 7199 INCLUDING YOUR CLAIM REFERENCE NUMBER</p>						