Business Interruption Claim Form

OFFICE USE: Policy Number: _____ Claim Number: _____

- **WARNING: If you supply any untrue or false information and know that it is not true, FPIV shall have the right to refuse the claim.**
- **We recommend that you read the Claims section of your policy.**
- **Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".**
- **You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.**

PART A: THE INSURED

Name of Insured: _____

Postal Address: _____

Best contact Phone No: _____ Best time to contact: _____

Alternative contact: _____

PART B: THE COVER

1. Do you have a Material Damage or Fire and Perils policy with FPIV? Has a claim for material loss or damage been accepted by FPIV under the material damage policy?

2. Are you claiming for loss resulting from a damaged public utility? _____

PART C: THE LOSS

Date of Loss: _____ Period Of Loss Claimed: _____

Please Attach The following:

1. Proof of 3 years weekly or monthly sales data:
2. Latest Financial Year Report

Method Used To Estimate Your Losses: _____

Details of Loss Estimates:

Item No	Item	Loss Estimate
1	Net Profit (total pre-tax net profit)	$
2	Wages	$
3	Rent Payable	$
4	Interest for Loans	$
5	Telephone & Communication	$
6	Power & Electricity	$
7	Water Rates	$
8	Other	$
9	Other	$
10	Other	$
	Total Loss Estimate	**$**

PART D: DECLARATION AND SIGNATURE

I declare that

1. Material Facts

(a) All information given to FPIV in connection with this claim (whether oral or written) is true and correct;
(b) No information relevant to the claim is omitted;

2. Use of Information

(a) My personal information collected by FPIV in connection with this claim may be disclosed to:
  (i) Other members of the insurance industry
  (ii) Parties repairing or replacing the subject matter of the claim;
  (iii) Parties who have financial interest in the subject matter of the policy;
(b) My personal information held by any other parties in connection with this claim may be disclosed to FPIV

Please note:

- We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim.
- This information is held by us and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees etc.

SIGNED ON BEHALF OF ALL INSUREDS: _____ **DATE:** _____