

Claim form

To ensure prompt attention to your claim please supply all information as requested below. Once completed, please return this form along with relevant documents to Icon Water:

Post: Attention: Claims Department, Icon Water, GPO Box 366, Canberra ACT 2601

Email: claims@iconwater.com.au

Your details		
(Mr, Mrs, Miss, Ms) Surname:	Given name:	
Business name:		
Address:		
Contact number (H): (V		
Email address:		
Incident details		
Location of incident (specify where the incident occurred	ŋ:	
Date of incident: / / Time of in	ncident:	am pm
Details of incident (provide a brief explanation of the incl	dent)	
	,	
Details of any out of posket synapses directly relat	ad to this claim	
Details of any out of pocket expenses directly relate List items for which compensation is being sought including		l appliances.
		Claim Amount
		\$
		\$
		\$
		\$
		\$
Please attach additional information if you need more space		
Please include additional information that you cons receipts, quotes or reports.	ider important to your cl	aim, such as copies of



State	ement		
l/We a	icknowledge that:		
a)	All information provided, and statements made, are truthful and accurate and no information likely to affect the outcome of this claim has been withheld.		
b)	I/We acknowledge that Icon Water will rely upon information supplied by me when determining this claim.		
c)	The property or goods, which are subject to this claim, are owned by me/us.		
d)	I have not made a claim for this damage to anyone else (including any insurers), nor will I make such a claim, if I accept any payment or other benefit from Icon Water in the settlement of this claim.		
Signe	d: Date: _/ /		

Important note

- 1. The issue and acceptance of this form does not constitute any admission of liability or fault by or on behalf of Icon Water.
- 2. You will need to provide evidence of costs that you have incurred.
- 3. If you require more space please attach additional notes.