

SUBROGATION NOTICE

INSURANCE COMPANY			DATE (dd/mm/yyyy)						
CONTACT STREET ADDRESS/PO BOX			CLAIM NUMBER YOUR REFERENCE						
					JBURB	STATE	POSTCODE	PHONE	
LAIMANT'S DETAILS (OWNER OF PRO	PERTY)								
RNAME GIVEN NAMES IN		DATE OF BIRTH (dd/mm/yyyy)							
TREET ADDRESS		SUBURB	STATE	POSTCODE					
ETAILS OF OFFENCE:									
ETAILS OF OFFEINCE. EDR/INCIDENT NUMBER									
BURGLARY:	THEFT OF MOT	OR VEHICLE:	CRIMINAL DAMAGE:	٦					
OST PROPERTY:	THEFT FROM MOT	OR VEHICLE: CRI	MINAL DAMAGE BY FIRE:	j					
THEFT:									
_	VEHICLE REGISTRATION	JN: S1/	ATE:						
OTHER: (PLEASE SPECIFY) ATE OF OFFENCE									
d/mm/yyyy) ADDRESS/LOCATION WHE	ERE OFFENCE OCCURRE	D							
				DATE REPORTED					
JLL NAME OF PERSON WHO REPORTED THE OFFEN	CE			(dd/mm/yyyy)					
AME OF POLICE OFFICERS/STATION WHERE OFFEN	CE REPORTED – IF KNO	WN							
ESCRIPTION OF PROPERTY STOLEN									
			the contract of the st Community	ou having cattle					
This property is now owned by	(NAME OF INSURANC	E COMPANY)	by virtue of that Compar	iy naving settle					
		er		Ty Having Settle					
my/our claim in respect to such property	under Policy Numb	er(INSU	RANCE CLAIM POLICY NUMBER)	ly having settle					
my/our claim in respect to such property	under Policy Numb	(INSU	RANCE CLAIM POLICY NUMBER)						
my/our claim in respect to such property insured Notwithstanding that the claimant is no lo	under Policy Numb	(CLAIMANT'S NAME) Such property, the clair	RANCE CLAIM POLICY NUMBER) mant agrees to attend wh						
ny/our claim in respect to such property nsured Notwithstanding that the claimant is no lo	under Policy Numb	(CLAIMANT'S NAME) such property, the clair the claimant covered by	mant agrees to attend why the policy.	en requested t					
Notwithstanding that the claimant is no lo identify any property which is believed to CLAIMANT'S SIGNATURE:	under Policy Numb onger the owner of have belonged to	(CLAIMANT'S NAME) such property, the clair the claimant covered by WITNESS:	RANCE CLAIM POLICY NUMBER) mant agrees to attend wh	en requested to					

INSTRUCTIONS FOR COMPLETING A

SUBROGATION NOTICE

DETAILS OF INSURANCE COMPANY MAKING CLAIM

Complete details of the insurance company requesting that police records be updated. Contact details will be used in case it is necessary to clarify details on the Subrogation Notice. The claim number will be recorded on police records.

CLAIMANT'S DETAILS (OWNER OF PROPERTY)

Complete details of the owner of the property that was stolen/lost/damaged.

DETAILS OF OFFENCE

Please provide the LEDR/Incident Number relating to the claimant's request wherever possible. Please mark the option that best describes the offence. If the offence is not listed, please specify. Complete the date of the offence, the full name of the person who reported the offence and the date it was reported to police. Provide the police officer's name and the name of the police station (if known). A description of the property stolen is not mandatory but may assist in locating the report.

Please have the claimant complete the declaration and have a witness sign and complete the bottom section of the application.

Please forward ORIGINAL application form to: Insurance Section

Public Enquiry Service

Victoria Police GPO BOX 919

MELBOURNE VIC 3000

METHOD OF PAYMENT

Payment for the Subrogation Notice is via **CHEQUE** or **MONEY ORDER** only. An Australian Cheque or Money Order must be attached at the time of application, made payable to Victoria Police.

For current fees please visit http://www.police.vic.gov.au/crime-reports#fees.

For all enquiries and assistance please email the Insurance Section at: insurance.rsd@police.vic.au.