



THEFT REPORT

All Theft must be reported to the Police within 48 hours

Please return this form to: **INSURANCE OFFICER – Tel: 6488 3214 Fax: 6488 1179**

1. **Name of Person Making Report**

2. **Address**

3. **Department** Tel: (Home) (Work)

4. **Details of Items Lost or Stolen**

Full description of stolen item(s) including serial numbers

Replacement value \$

Name and address of owner of lost item(s)

5. **When and where was the stolen item last seen by you?**

Date Time Location

6. **When was the loss discovered?**

Date Time Location

7. **How did the theft occur?**

8. **Were there signs of forced entry (if stolen from a building)?**

9. **What precautions were taken to protect theft (eg. Security cable, engraving)?**

10. **Were there any unusual circumstances (eg. Strangers in the vicinity - give description)?**

11. **How could this theft have been avoided?**

12. **POLICE ADVISED? YES/NO** DATE: **Report No.**
(Subiaco Police - 9381 6811)

13. **Signature of person making report**

Theft Report Form received by Date