



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