



ACTA Firearm Cover Claim Form

Please note that this claim is to be lodged in accordance with the ACTA Firearm Cover Policy which is available from the ACTA website

Please complete the following information and email this form together with your firearms registration certificate, a copy of your licence and any supporting documentation to firearm.cover@claytarget.com.au

Name of Claimant: _____ **ACTA No:** _____

Address: _____

Suburb: _____ **Postcode:** _____

Email Address: _____

Phone No.: _____

Firearm Details

Make of Firearm _____ **Model of Firearm** _____

Serial Number _____ **Date of Incident:** _____

Description of Damage/Incident

In signing this claim form I acknowledge that all of the information provided is true and accurate.

Signed by Claimant: _____ **Date:** _____