{{ Date }}

{{ Name }}

{{ Address }}

Claim Number: {{ Claim }}

Policy Number: {{ Policy }}

Loss Address: {{ Address }}



**Shannons Pty Limited**

**ABN 91 099 692 636**

**an authorised representative of**

**AAI Limited ABN 48 005 297 807**

PO Box 2988, Brisbane QLD 4001

Telephone: 13 46 46

Facsimile: 1300 046 914

Email: [myclaim@shannons.com.au](mailto:myclaim@shannons.com.au)

www.shannons.com.au

Dear, {{ Greeting }}

{{ First }}

{{ CMPlaceholder }}

{{ CCTD }}

{{ More }}

{{ Jobs }}

If forwarding documents via fax or mail, please note the claim number clearly on each page submitted.

E-mail: myclaim@{{ Brand }}.com.au (claim number in the subject line)

Fax: 1300 046 914

Mail: PO Box 2988, Brisbane QLD 4001

{{ Excess }}

Please call us on 1300 230 608 if you have any questions. Alternatively, you can also visit our Shannons website to view your claim.

Shannons Claims Team