

## PROPERTY CLAIM FORM

Insurer		Policy No	
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To ensure that you do not incur any unnecessary GST Liabilities on this claim settlement please advise your:

a)	Australian Business Number (ABN) if applicable	
b)	Entitlement to an Input Tax Credit in respect of the:	
	(i) insurance premium _____ % and ; (ii) property which is subject of this claim _____ %	

Contact		Phone		Fax	
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Email	
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### NAMED INSURED

When did the loss, theft or damage happen?	Date		Time		<input type="checkbox"/> AM	<input type="checkbox"/> PM
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Please describe what happened?	
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Address where loss, theft or damage happened?	
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Are you the only occupier of your premises?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>If no, give details</i>
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Who discovered the loss, theft or damage?	
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Name of person discovered		Date		Time		<input type="checkbox"/> AM	<input type="checkbox"/> PM
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Do you know who is responsible for the loss or theft of, or damage to your Property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Name(s), address(es) and any other information about the person(s) responsible
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Name		Address	
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Were there any witnesses to the loss, theft or damage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Witness No 1	Name		Phone No.	
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	Address	
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Witness No 2	Name		Phone No.	
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	Address	
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Were your premises broken into?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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When were the premises last occupied?	Date		Time		<input type="checkbox"/> AM	<input type="checkbox"/> PM
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Were the premises securely locked?	
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How was entry gained (eg. Window broken, door forced)?	
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Have steps been taken to improve the security of the premises?	
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**You must report any loss, theft or vandalism of property to the police.  
Insurer may need to apply to the police for a copy of this report.**

### POLICE

Police Station where you reported it		Name of Police Officer	
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Police offence Report No.		Date Reported	
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**You must report any loss caused by fire to the brigade**

**FIRE**

Name of Fire station where you reported it \_\_\_\_\_ Date Reported \_\_\_\_\_

Please list the details of your lost, stolen or damaged property on page 3

Is the property repairable?  YES *Attach a quote for the repairs*  
 NO *Attach original receipts, valuations, quote for replacement or a certification from an Authorised repairer that the item is unrepairable*

Do you owe money on the property lost, stolen or damaged?  YES  NO

Lenders Name \_\_\_\_\_ Approximate amount owing \$ \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Some of the property lost, stolen or damaged may be covered under other policies, including health insurance. Please list any other insurance you have which might cover these items.  YES  NO

Name of the Insurer	Policy No	Type of Insurance
Address	Address / Suburb	State / Postcode

Have you had any previous losses or made any claims for loss, theft or damage on any insurer in the past five years, whether you claimed for them or not?  YES  NO

Tell us what happened	Value	Date of Loss

Has any insurer refused or cancelled cover or required special terms to insure you?  YES  NO

Tell us what happened \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been charged with, or convicted of, any criminal offence in the last five years?  YES  NO

State details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I consent to my insurer disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to my insurer also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors. Where I have provided information about another individual (for example, an employee or client), I declare that the individual has been or will be made aware of that fact and the contents of the Policy (which includes the section on "The way we handle your personal information").

**DECLARATION**

**Privacy** The Privacy Act 1988 requires the insurer to tell you that they collect your personal and sensitive information in order to calculate your loss and entitlements, determine their liability, compile data and handle claims. When handling claims, they may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, to the Insurance Reference Services (IRS), etc. or other parties as required by law. You have the right to seek access to your personal information and to correct it at any time. Please contact us on (02) 9570 8355 9am- 5pm, Mon-Fri and advise the changes.

**Declaration** I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/We have read and understood The Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information then the Insurer will be unable to process my/our claim.

Signature of Insured or person with authority to sign for and on behalf of a company or partnership attached to this claim \_\_\_\_\_ Date / / Please indicate the number of additional pages \_\_\_\_\_

