

GENERAL CLAIM FORM

FOR DOMESTIC OR COMMERCIAL LOSSES
Including Burglary / Theft / Money

The Issue of this Form is not an Admission of Liability by Insurers

Policy # :

Claim # :

Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.

THE INSURED

Surname _____ Other Names _____ Mr Mrs
Ms Miss

Address _____

Post Code _____

Occupation _____

Phone Private _____ Business _____

Fax No. _____ Mobile _____

Email _____ Contact Name _____

Are you registered for GST?

No Yes >What is your ABN?

Have you claimed an input tax credit on the GST amount applicable to this policy?

No Yes >Is the amount claimed less than 100% No Yes >Specify amount

Of the GST applicable to the premium? claimed: %

Are you entitled to claim an input tax credit for the repairs or replacement of the vehicle?

No Yes >Is the amount claimable less than 100% No Yes >Specify amount

claimed: %

THE PREMISES

Nature of trade or business _____

Are the premises owner occupied/rented/leased? _____ Age of building (year) _____

Type of premises (eg house/unit/factory/store/office, etc) _____

If you are a tenant - are you liable for damage under the terms of your lease/tenancy

agreement? _____

Construction (eg brick/wood/fibro, etc) _____

CLAIM INFORMATION

Was any person responsible for causing the loss/damage? _____

Name _____

Address _____

_____ Postcode _____

Phone No. : Business _____ Private _____

In your opinion why is that person responsible for the damage?

ACTION TAKEN (If a Police Matter)

Which police station was the incident reported to? _____

When reported? _____

Name of the police officer _____ What is the police reference No. _____

Has any arrest been made? No Yes

If “yes”, give details

Is anyone suspected of the loss? No Yes

If “yes”, give details

Has any of the property been recovered? No Yes

If “no”, what steps have been taken to recover the stolen property?

WITNESS

Were there any witnesses to the accident? No Yes

If “yes”, please give details

Name _____

Address _____

_____ Postcode _____

Phone No. : Business _____ Private _____

OTHER INTERESTS

Does any person or organisation have an interest in the property, which is the subject of this claim? No Yes

If “yes”, please give details _____

Name _____

Address _____

_____ Postcode _____ Phone No. _____

Interest (eg Mortgage, Bill of Sale, etc) _____

Is there another insurance coverage (including Medical Fund) covering the lost/damaged property? No Yes

If “yes”, please give details _____

Insurer _____ Policy No. _____ Amount \$ _____

Address _____

_____ Postcode _____

YOUR CLAIMS HISTORY

Has any person covered under this insurance policy ever sustained a loss during the past five years? No Yes

If “yes”, please give full details including name of previous insurers.

Date	What Happened	How did it happen	Insurance Company	Amount of claim

CLAIMED LOSS/DAMAGE

DESCRIPTION AND QUANTITY OF PROPERTY FOR WHICH LOSS IS CLAIMED (Include model No.)	Date of Purchase or Acquisition	Original Purchase Price	Deduction for Age and Use	Where Purchased?	Amount Being Claimed	

General remarks (any further information you consider relevant)

To avoid unnecessary delay in processing your claim, it is important that you attach documentation to support :

- **ownership of all property claimed, eg. Original invoices, owners manuals, photos, receipts, etc...**
- **the repair / replacement of your loss. Eg. Original invoices, receipts, etc... by trade suppliers / repairers – itemising the precise nature of their quotation or work undertaken eg. Size, model, type, age, hours, cost of labour, parts, prices...**

PRIVACY

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

DISPUTE RESOLUTION

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

DECLARATION

I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and in no matter deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.

Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

I/We acknowledge that I/we have read and understood the Privacy Act 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 broker and the insurer will be unable to process my/our claim.

Insured's Signature _____ Date _____