



## **CLAIM / NOTIFICATION FORM - PROPERTY**

# **POLICY DETAILS** Name of Insured: Policy Number: \_\_\_\_ Policy Expiry Date: Contact Name: \_\_\_\_\_Postcode: \_\_\_\_\_ Business Ph: Contact Details: Mobile Ph: E-mail: Bank Account Details (where claim settlements should be paid to) Name of Bank or Institution: Name of Account Holder: BSB Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Australian Business Number (ABN): Have you/will you claim an Input Tax Credit (ITC) on your insurance premium? Yes No Have you/will you claim a total or partial ITC? Partial CLAIM OR CIRCUMSTANCE DETAILS Date of loss, or damage or the date of when it was first discovered: Address where the loss or damage happened: How did the loss or damage happen? If the loss or damage was a result of theft from a building, please state how entry was gained:

Please give names and addresses of other parties who m	ay have an in	terest in the Property?
IF THE PROPERTY WAS LOST OR STOLEN, PLE	ASE ANSWE	R THE FOLLOWING:
Describe the nature and extent of damage:		
Was any other person responsible for the loss or damage		
Name:		
Address:	Posto	code:
Contact Phone or email:		
Have you made a claim against any other party or person	? Yes	No
Were the Police Notified?	Yes	No
When and at which Police Station was the report made?		
Date:	Time	:
Police Station:		
Occupancy of the premises:		
Are you the sole occupier	Yes	No
If no, please give details of other occupant(s):		
Were the premises occupied at the time of loss?	Yes	No
What was the last time and date when you were on the pr	emises prior t	o the loss?
Time:am/pm Date:		
If the property is also insured against loss or damage with following information:	any other ins	urer, please provide the
Name of Insurer:Policy I	Number:	
Has a thorough search been made and notification been assist in locating the property? If so, please provide detail		who might be able to

#### **SCHEDULE**

### 1. Please complete for Loss or Property/Contents/Valuables

Description of Property for which loss is claimed	Owner Address	Date of Purchase or Acquisition	Replacement Cost (include GST)	Less Input Tax Credit who can claim on the purchase of these items as a % of the total GST Payable	Value of Salvage (if any)	Amount of Loss or Damage Claimed

Total	amount of	flose	عسنداء	d- ¢	
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#### **PRIVACY**

The Privacy Act 1988 requires us to tell You or the agent of the insurer that we collect Your personal and sensitive information in order to calculate Your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we 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. You have the right to seek access to Your personal information and to correct it at any time. Please contact us on 02 9249 4850 and advise us of the changes.

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DECLARATION  (If a firm, this declaration must be made and signed by a member of the firm, so describing himself or berself)					
(If a firm, this declaration must be made and signed by a member of the firm, so describing himself or herself)  I/We do hereby declare that the foregoing answers are true and correct, That I/We have in no manner willfully caused the said loss or by any fraud or misrepresentation sought unjustly to benefit by the said event and that information detailed in					
AND I/We hereby undertake and agree to	the Schedule is a true and faithful account of the actual loss sustained excluding any profit or advantage.  AND I/We hereby undertake and agree to notify the Company immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of the Company to return the property or to refund the amount of				
money received by way of compensation		inputity to rotally the prope	ny or to rotatra and ambant of		
Dated at:	this:	day of:	20		
Signature of Insured:					
Position within Company (if applicable): _					
Any Additional information you may wish to provide should be set out below:					