

GENERAL CLAIM FORM

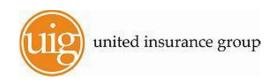
FOR DOMESTIC OR COMMERCIAL LOSSES Including Burglary / Theft / Money

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

Can you please read the following details before completing this form. Please feel free to contact us should you require any assistance

- 1) Please complete and return the attached form to our office. Attach all relevant original quotations, invoices, valuations and receipt of purchases (obtained for the repair/replacement of damaged property). Please also attach any letters of demand or other correspondence that you may receive/have received from a Third Party. Do not attach photocopies.
- 2) For claims involving loss/damage to your own property the appropriate authorities, i.e. Fire Brigade/Police, should be notified and every reasonable effort made to prevent further loss/damage. Damaged property, if any, should not be disposed of without permission of the Insurer or Assessor.
- 3) An assessor could be appointed and you will be advised if this action is taken.
 - Keep in contact with the assessor so the report can be provided to Insurers on time.
 - If there is any matter not receiving prompt attention you should call us immediately.
- 4) Please keep all supporting documentation for your claim for presentation to the Insurer or Assessor, such as original invoices, receipts, owners manual, photos, etc. Quotes from retailers or trade suppliers to replace/repair, itemising the precise nature of their quotation, eg size, type, model, age, hours and cost of labour, cost of parts.
- 5) Where personal injury/property damage to third parties is involved, offer assistance but **DO NOT ADMIT** liability. Advise the party involved to give written details of their claim against you for passing on to your Insurer.
- 6) Please refer to the claim form for more instructions for the management of your claim.

Should you require any further assistance, please contact us.



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

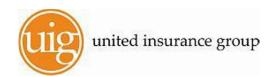
Policy #: Claim #:

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

Surname		Other Names	_Mr,Mrs,Miss,Ms
		Other Names	
/ ladi coo			Post Code
Occupat	ion		<u> </u>
Phone	Private	Business	
	Fax No.	Mobile	
	Email	Contact Name	
No	Yes □≻Is the amount Of the GST ap entitled to claim an inp	: : : : : : : : : : : : : : : : : : :	ole to this policy? Yes □>Specify amount claimed: %
THE PR	<u>EMISES</u>		
Nature o	f trade or business		
Are the p	oremises owner occupi	ed/rented/leased?	_Age of building (year)
Type of p	oremises (eg house/un	it/factory/store/office, etc)	
If you are	e a tenant - are you liat	ole for damage under the terms of	your lease/tenancy
agreeme	ent?		



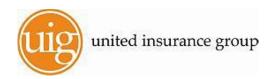
Construction (eg brick/wood/fibro, etc)



THE LOSS

Date of loss	Time	am/pm	
Who discovered loss?			
Address where loss/damage occur	rred		
	Postcode	Phone No.	
What type of property has been lo	st or damaged? (Eg Bui	Idings, content, stock, etc) _	
Type of damage (eg Storm, water	damage, fire, etc)		
How did the loss occur?			
COMPLETE THIS SECTION FOR	STORM DAMAGE CL	AIMS ONLY	
Through what type of opening did			
Through thick type of opening and	ma, ram or mater orne	. bananig:	
Did a storm cause this opening?		No □	Yes□
If "yes", how?		110 🗀	.00 🗀
yes , now:			

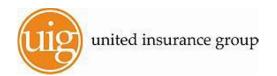




CLAIM INFORMATION

Was any person responsible for causing the loss/damage?				
lame				
Address				
	F	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 refere	nce 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?			

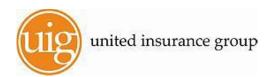




WITNESS

Where there any witnesses to	the accident?		No 🗌	Yes 🗌
If "yes", please give details				
Name				
Address				
		Po:	stcode	
Phone No. : Business		Private		
OTHER INTERESTS				
Does any person or organisate subject of this claim?	tion have an interest in the p	property, which is the	No □	Yes □
If "yes", please give details				
Name				
Address				
	Postcode		·	
Interest (eg Mortgage, Bill of				
Is there another insurance co	verage (including Medical F	und) covering the		
lost/damaged property?			No 🗌	Yes 🗌
If "yes", please give details				
Insurer	Policy No	Am	ount \$	
Address				
		Po	stcode	

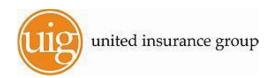




YOUR CLAIMS HISTORY

Has any pe	erson covered under this i	nsurance policy ever sustained a loss during the pa	ast five
years?		No □	Yes 🗌
If "yes", ple	ease give full details includ	ling name of previous insurers.	
Date	What Happened	How did it happen	Amount of claim
Date	Name of Insurance Company	Address	

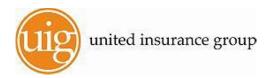




CLAIMED LOSS/DAMAGE

<u> </u>					
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



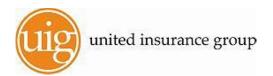


General remarks (any further information you consider relevant)		

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

- Ownership of all property claimed, e.g. Original invoices, owners' manuals, photos, receipts, etc...
- The repair / replacement of your loss. e.g. Original invoices, receipts, etc... by trade suppliers / repairers itemising the precise nature of their quotation or work under taken e.g. 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

