

**Property Claim Form**

Claim Number \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Occupation \_\_\_\_\_

Contact Person \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

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

Broker/Agent Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Policy No. \_\_\_\_\_ Excess \$ \_\_\_\_\_

Inception Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

Interested Parties: Is the property being claimed for under a Financial Agreement? Yes No

Name of Financier \_\_\_\_\_ Contact No. \_\_\_\_\_

No. G.S.T.: Are you registered for GST purposes? Yes No

A.B.N. \_\_\_\_\_

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy?  
\_\_\_\_\_ %

Incident Description: What happened, how (eg. if burglary, include how entry was gained and details of forced entry) and the name of any party who caused damage etc?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Loss \_\_\_\_\_ Time of Loss \_\_\_\_\_

Type of Loss \_\_\_\_\_

Address Where Loss Occurred \_\_\_\_\_

\_\_\_\_\_  
Postcode \_\_\_\_\_

Date premises last occupied \_\_\_\_\_ Name of last occupier \_\_\_\_\_

Schedule (if insufficient space, provide separate list):

- \* Please show the extent to which an ITC can be claimed by you on each item
- \* All original repair invoices, quotes or receipts must be submitted to avoid any delays in processing
- \* Show all values in Australian Dollars

Description of property lost/damaged/stolen (include names of owners of items if not owned by the insured)	Year purchased	Where purchased	Replacement or repair cost	Amount claimed	ITC%* Entitlement
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

Total Claimed \$ \_\_\_\_\_

(If insufficient space, attach list).

Have the Police been notified? (All Burglary/Theft/Malicious Damage claims must be reported) Yes    No

Police Station \_\_\_\_\_ Reporting Officer \_\_\_\_\_

Police report No. \_\_\_\_\_ Date reported \_\_\_\_\_

Security: Give details of any extra precautions or security improvements taken since the loss

\_\_\_\_\_  
\_\_\_\_\_

Give details of any other action taken to recover or reduce your loss

\_\_\_\_\_  
\_\_\_\_\_

Third Parties: Do you know who was responsible for the damage? Yes    No

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Other details (eg registration no.) \_\_\_\_\_

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Witnesses: Were there any witnesses to the Event? Yes    No  
(If yes, please complete the following)

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Where was the Witness? \_\_\_\_\_

Other Insurance: Is there any other Insurance on the property? (consider Travel, Medical Insurances also) Yes    No

Name of Insurer \_\_\_\_\_

Policy details \_\_\_\_\_

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**History:**

Have you had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years? Yes    No

Have you ever been convicted of or had any fines or penalties imposed for any criminal offence? Yes    No

Have you suffered a loss or made a claim on a property related insurance policy in the last 5 years? Yes    No

If yes to any history questions please give details

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Privacy: The Privacy Act 1988 requires us to tell you that as an insurer 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.

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Signature of Insured

Date