

INSURED DETAILS

Insured (Community Title Scheme or Strata Plan Number): _____

Policy Number: _____

Street No. & Name: _____

Suburb: _____ State: _____ Postcode: _____

GST DETAILS

Are you registered for GST purposes? Yes No If Yes, please provide your A.B.N: _____

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

CLAIM DETAILS

Date of Loss: _____ / _____ / _____ Time of Loss: _____ am / pm _____

Type of Loss:

Please provide the circumstances of the loss (Description of what has been damaged, lots or unit numbers involved and how the loss or damage occurred)

Have you obtained quotations to repair: (if yes please attach quotations for review) Yes No

POLICE REPORT

Was the loss reported to the police? Yes No

Date Reported(DD/MM/YY): _____ / _____ / _____ Police Report Number _____

Name of Police Station: _____

Name of Police Officer: _____

Address of Police Station: _____

Description of property lost/damage/stolen:

Description	Date of Purchase	Original Purchase Price \$	Replacement/Repair Cost \$	ITC% Entitlement
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			

WATER DAMAGE DETAILS

If the claim involves water damage, please advise if the leak has been repaired: Repaired Not Repaired

If repaired please attached any relevant documents.

Plumbing Repairs:

If your plumber has not already done so, please ensure the following information is provided on the account/invoice:

- Nature and cause of leak
- Composition of pipe (i.e. copper, PVC, Gal etc.)
- Discuss Your privacy concerns
- Procedures undertaken
- Details of charges including, hourly rate, number of persons on the job and details of costs associated with search and find, plumbing repair and reinstatement: (if more than one person in attendance, please explain the necessity for additional persons)

THIRD PARTY

Is there a third party involved? Yes No

If yes, are they responsible for the damage? Yes No

If yes, please provide the third party's details (where possible or relevant)

Name/ Company Name: _____ Contact Number: _____

Address: _____

Relevant details: (i.e. Vehicle Registration):

Is there any other insurance on the property? Yes No

DECLARATION

I certify that I am authorized to submit this claim on behalf of the insured, that the information provided is truthful, accurate and complete, and that no information likely to affect this claim has been withheld. I understand that this claim may be refused if information is untrue, inaccurate or withheld. Any personal information collected will be used to process and manage this claim. 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 required by law. These entities may be located in Australia or overseas. If you do not provide this information we may not be able to process or manage this claim. By submitting this claim you authorize us to use your personal information in this way and in accordance with our Privacy Policy.

Name (Please Print): _____ Signature: _____

Position/Title: _____

Brokerage: _____ Date: _____ / _____ / _____