

## 1. POLICY DETAILS

Full Name(s) of Insured: \_\_\_\_\_

Address of Insured: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Numbers: Business Hour: \_\_\_\_\_ After Hour: \_\_\_\_\_

Insurer: \_\_\_\_\_ Policy No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

## 2. GENERAL DETAILS OF LOSS / DAMAGE

Location of loss / damage: \_\_\_\_\_

Actual date of loss / damage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approximate time of loss / damage: \_\_\_\_\_ am / pm

Describe as fully as possible the circumstances and cause of the loss/ damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How was the loss/ damage discovered? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were the Police notified? Yes No If Yes, please state:

Report # \_\_\_\_\_ Date of Report: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approximate time of report: \_\_\_\_\_ am / pm

Name of Police Station: \_\_\_\_\_

Name of Police Officer: \_\_\_\_\_

Has any property been recovered?

Yes No If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Was any other party responsible for the loss/ damage?

Yes No If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Has anyone been charged for the loss/ damage?

Yes No If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

## 3. COMPLETE THIS SECTION FOR PERSONAL VALUABLES / BURGLARY / THEFT

How were the premises entered? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were the premises occupied at the time of loss? Yes No If No, please state:

Date last occupied: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approx. time last occupied: \_\_\_\_\_ am / pm

## 4. COMPLETE THIS SECTION FOR FIRE / DAMAGE TO PREMISES

Who was in the premises at the time of damage? \_\_\_\_\_

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

For what purpose? \_\_\_\_\_

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

## 5. COMPLETE THIS SECTION FOR TRANSIT LOSS / PERSONAL BAGGAGE

Total value of goods carried: \$ \_\_\_\_\_

*Note: Personal baggage claims must be accompanied by the original Policy document.*

If travelling by road/ air/ rail, please advise the name of carrier and tour agent: \_\_\_\_\_

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

## 6. COMPLETE THIS SECTION FOR ALL CLAIMS – ABN DETAILS

Are you a registered business? Yes No

What is your ABN? \_\_\_\_\_

What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred? \_\_\_\_\_%

## 7. DECLARATION

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify \_\_\_\_\_ (insert Company Name) in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Full name of claimant(s) (please use block letters): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## 6. EFT DETAILS

Please provide below Electronic Funds Transfer Details for where you would like any possible claim paid to:

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

## 7. SCHEDULE

(1) Please complete for loss of property:

Description of property for which loss is claimed	Date of Purchase or Acquisition	Original Cost	Value at time of Loss- allowing for reasonable Depreciation	Value of Salvage (if any)	Amount of Loss or Damage Claimed
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
<b>Total Amount of Loss Claimed</b>					\$

(2) Please complete for damage to property:

Particular	Name of Repairer (Invoice / Quote)	Cost of Repairs
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total Repairs</b>		\$
<b>Total Amount Claimed</b>		\$

(3) Please complete for fusion damage:

Machine / Appliance	Maker	Date of Purchase	H.P. of Motor	Name of Repairer Invoice/ Quote Attached	Cost of Repairs
					\$
					\$
					\$
					\$
					\$
<b>Total Repairs</b> (Note: To Avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable)					\$
<b>Less Excess</b>					\$
<b>Net Amount Claimed</b>					\$