

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 |
|---|---------------------------------|---------------|---|---------------------------|----------------------------------|
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| Total Amount of Loss Claimed | | | | | \$ |

(2) Please complete for damage to property:

| Particular | Name of Repairer (Invoice / Quote) | Cost of Repairs |
|----------------------|------------------------------------|-----------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| Total Repairs | | \$ |
| Total Amount Claimed | | \$ |

(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 |
|---|-------|------------------|---------------|--|-----------------|
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| Total Repairs (Note: To Avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable) | | | | | \$ |
| Less Excess | | | | | \$ |
| Net Amount Claimed | | | | | \$ |