Claim Number:

1. Policy Details

Full Name(s) of Insured:	Address of Insured:
.....	.....
.....	.....Postcode .....
.....	**Telephone Numbers:**
.....	**Business Hour** (.....) .....
	After Hour (.....) .....

Insurer:	Policy No:	Expiry Date:
.....	.....	..... / ..... / 20.....

2. General Details of Loss / Damage

Location of loss / damage		
Actual date of loss / damage	..... / ..... / 20.....	**Approximate time of loss / damage** ..... am/pm
Was the lost/damage property: **(i) subject to a Lease or an Agreement?** **(ii) Covered under another insurance policy?**	☐ YES ☐ No ☐ YES ☐ No If YES to either or both, please give details:	
What steps have been taken to recover the lost property or minimise damage to the property?	....	
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: (i) date of report: ..... / ..... / ..... (ii) approximate time of report: ..... am / pm (iii) Name of Police Station: ..... (iv) 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: (i) date last occupied: ..... / ..... / ..... (ii) 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. Statement of Claim

Description of Property / Article lost, stolen, damaged or destroyed	Date of Purchase	Purchase Price ($)	Replacement Cost ($)	Net Amount Claimed ($)

7. Complete this section for ALL Claims – ABN Details

Are you a registered business? ☐ Yes ☐ No

What is your ABN? ABN No: .....
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? .....%

8. 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(s)

..... Date: ..... / ..... / 20.....

..... Date: ..... / ..... / 20.....

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					**$**	

(4) PLEASE COMPLETE FOR **THIRD PARTY** CLAIMS:-

Details of injury or damage to third parties:-

a) Name:

.....

b) Address:

.....

.....

.....

c) Occupation:

.....

d) Nature and extent of injuries/damage:

.....

.....

e) Has the third party any relationship to you (eg. relative, employee)?

.....

.....

f) Have you received any correspondence from third parties? If so, please enclose them with this form.

.....

.....

g) Have you made any admission of liability?

.....

.....