



Property Damage – Claim Form

Please ensure this form is completed for all Parts which apply to your claim.

The issue and acceptance of this form does not constitute an admission of liability by the Underwriter or a waiver of their rights.

Please note if there is insufficient space provided to fully answer any question, please attach an additional sheet of paper with the extra information as required. All such attachments will be subject to the Declaration on page 3.

Please answer all questions. Any question left unanswered or answered as known to broker or insurer or otherwise answered in an incomplete way may delay the processing of your claim.

1. Policy Number..... Expiry Date:

2. Claim Number:

3. Insured Details

(i) Insured Named in Policy:

(ii) Occupation of Insured:

(iii) Given Name(s) of Insureds:

(iv) Postal Address:

(v) Contact Name:

(vi) Contact Number: Business:..... Mobile:.....

4. Incident Details

(i) Address where loss, theft or damage occurred:

(ii) What date did the loss, theft or damage occur?

(iii) What time did the loss, theft or damage occur?am/pm

(iv) Please describe what happened:
.....
.....

(v) Who discovered the loss, theft or damage?

(vi) What date was the discovery made?

(vii) What time was the discovery made?am/pm

(viii) Do you know who is responsible for the loss, theft or damage to your property? Yes or No

If Yes, please provide the following details

<i>Name</i>	<i>Address</i>
.....
.....
.....

Please provide any further information about the person(s) :
.....
.....

(ix) Were there any witnesses to the loss, theft or damage? Yes or No

If Yes, please provide details:

Name	Address	Telephone
.....
.....
.....
.....

5. Were your premises broken into? Yes or No

(i) When were the premises last occupied?

Date: Time:

(ii) How was entry gained (e.g. Window broken)?

6. You must report any loss, theft or vandalism of property to the police. We may apply to the police for a copy of their report.

(i) Name of Police Station where you reported the loss/damage:

(ii) Police Officer's name:

(iii) Police event report no:

(iv) Date reported:

7. Is the property repairable? Yes or No

(i) If Yes, please attach quote for repairs.

(ii) If No, please attach original receipts, valuations, quote for replacement and if possible, a certification from an authorised repairer that the item is unrepairable.

8. Does any other party have a financial interest in the property lost, stolen or damaged (eg. Mortgagee or other part owner)? Yes or No

(i) Lender or other part owner's name:

(ii) Approximate amount owing or value of part ownership: \$

(iii) Address of Mortgagee or part owner:

9. Some of the property lost, stolen or damaged may be covered under other policies, such as reading glasses under health insurance. Please list all other insurances which might cover these items.

(i) Name of Insurer:

(ii) Policy Number:

(iii) Type of Insurance:

10. Have you had any previous losses or made any claims for loss, theft or damage on any insurer in the past three (3) years, whether claimed for or not? Yes or No

If Yes:

(i) Tell us what happened:

(ii) Value of loss: \$

(iii) Date of loss:

(iv) Name of Insurer:

11. For Claim Settlement Purposes – In accordance with GST Legislation, please advise your:

- (i) Registered Business Name for this Policy:
- (ii) ABN Number:
- (iii) Percentage of the GST in your Premium for this Policy which you Claim as an Input Tax Credit for the Period of Insurance in which the loss occurred:%

IMPORTANT NOTICES - To be read and completed by ALL CLAIMANTS

Privacy Statement

Privacy – We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with the claim. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, please ask us for a copy or visit our website.

Our Complaints and Disputes Policy

If you have a complaint about how we handle your claim please write to us and explain the basis of your complaint. We have an Internal Dispute resolution process to assist you. If you are not satisfied with our response, and wish to proceed with your dispute or complaint, you may contact Lloyd's Australia. They offer a no cost to you service and are totally independent and impartial. If your dispute remains unresolved they will advise you of any further dispute resolution facilities available to you. Details are available from Lloyd's Australia by phoning 02 9223 1433 or visiting their Website www.lloydsaustralia.com.au

Notes

1. Please attach any other information which will assist us in our consideration of your claim.
2. Your Insurance adviser will advise you on where to send this claim form. If you have any doubts, you may contact us on 1800 682 366.

Declaration

I/We hereby declare that we have read and understood the Important Notices above and agree to them.

I/We hereby confirm that I/We have read this claim form and that the answers provided are in every respect true and correct and that I/We have not withheld any information relevant to consideration of the liability of this Policy for this claim.

I/We further confirm that if such information is in the writing of any person other than myself such persons shall be deemed to have been my Agent for the purpose of providing this information.

Date:..... Signature of Insured:.....