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## **CLAIM FORM**

### **Property Insurance**

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## CLAIM FORM – Property Insurance

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This form is issued to enable the Insured to lodge a written statement of claim. It does not constitute an admission of liability on behalf of Assetinsure.

### IMPORTANT NOTICE

Please read the Claim Form fully before answering the questions.

Please answer all questions relating to your claim as fully as possible. **Use additional sheets** if there is insufficient space on this Form.

We may contact you for additional information or appoint a loss adjuster or investigator.

Please retain any damaged items if possible as they may need to be inspected before settling your claim.

**Please do not authorise repairs yourself** unless in the case of urgent emergency repairs necessary to minimise further damage.

**Please attach all quotations for repair or replacement of damaged property or invoices or receipts for items that have already been replaced in an emergency situation to this Form.**

Please send the completed Claim Form, as soon as possible, to your Insurance Broker

### A. DETAILS OF INSURED

1. Insured's Full Name \_\_\_\_\_

Occupation \_\_\_\_\_

Insured's Address \_\_\_\_\_  
\_\_\_\_\_

Policy Number (if known) \_\_\_\_\_ ABN \_\_\_\_\_

Policy Period: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### PERSON TO BE CONTACTED

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

2. Are you registered for GST purposes? . . . . . Yes / No

3. Have you claimed, or are you entitled to claim, an ITC for the GST applicable to the policy premium?

Please specify your percentage entitlement. \_\_\_\_\_ %

### B. DETAILS OF THE PROPERTY

1 Are you the Owner of the property lost or damaged? . . . . . Yes / No

If NO, please provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 Does another party have an interest in the damaged property? . . . . . Yes / No



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If YES, please provide details \_\_\_\_\_  
\_\_\_\_\_

3 Do you hold any other insurance which may cover this incident? . . . . . Yes / No

If YES, please provide name of Insurer and Policy Number \_\_\_\_\_  
\_\_\_\_\_

**C. DETAILS OF THE INCIDENT**

1 What is the location of the loss?

Address: \_\_\_\_\_  
\_\_\_\_\_

2 What is the nature of the occupation performed at the premises? \_\_\_\_\_

3 Are the premises leased? . . . . . Yes / No

If YES please provide details \_\_\_\_\_  
\_\_\_\_\_

4 Date of Loss \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_ am / pm

5 Description of loss or damage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6 How did the loss or damage occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7 Was anyone on the premises at the time of the loss? . . . . . Yes / No

If NO please provide details of the time the premises were last occupied prior to the loss or damage. \_\_\_\_\_  
\_\_\_\_\_

8 Was another person responsible for the loss or damage? . . . . . Yes / No

If YES, please provide their name, address and contact details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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9 What steps were taken to prevent or reduce further loss or damage? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10 Were there any witnesses to the loss or damage? . . . . . Yes / No  
If YES, please provide names, addresses and contact details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. PLEASE COMPLETE THE SECTIONS THAT ARE RELEVANT TO YOUR CLAIM**

**FIRE AND IMPACT BY VEHICLES**

**(Fire losses must be reported to the Fire Brigade –if the incident has not been reported please provide an explanation)**

- 1 Date reported \_\_\_\_\_
- 2 Name of the Fire Station \_\_\_\_\_
- 3 Was any property damaged which is jointly owned with another party? . . . . . Yes / No  
If YES, please provide details of joint owner \_\_\_\_\_  
\_\_\_\_\_
- 4 Was the damage caused by a vehicle? . . . . . Yes / No
- 5 Name, address and contact details of driver/owner \_\_\_\_\_  
\_\_\_\_\_
- 6 Registration number of the vehicle \_\_\_\_\_

**THEFT OR BURGLARY INCLUDING ARMED HOLD UP (MONEY OR CONTENTS)**

**(Burglary, theft, including armed hold up or malicious damage must be reported to the Police and Police complaint acknowledgement forms must be submitted with this Claim Form)**

(Please attach proof of ownership in the form of original receipts or invoices)

- 1 Have the Police been informed of this incident? . . . . . Yes/ No  
If NO, please provide an explanation \_\_\_\_\_  
\_\_\_\_\_
- 2 Name of Police Station where incident was reported \_\_\_\_\_
- 3 Name of police officer \_\_\_\_\_
- 4 Report Number \_\_\_\_\_  
Date Reported \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



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5 If the premises were broken into, please describe the method of entry \_\_\_\_\_  
\_\_\_\_\_

6 Were the premises locked? . . . . . Yes / No

7 Was there anyone on the premises at the time of the loss . . . . . Yes / No  
If YES, please provide details \_\_\_\_\_  
\_\_\_\_\_

8 What actions have you taken to reduce or recover your loss? \_\_\_\_\_  
\_\_\_\_\_

9 Please provide details of any security improvements taken subsequent to the loss. \_\_\_\_\_  
\_\_\_\_\_

10 Has any property been recovered? . . . . . Yes / No  
If YES please provide details \_\_\_\_\_  
\_\_\_\_\_

**SECURITY DETAILS**

Are any of the following used to provide security on the premises?

Keyed window locks on accessible windows. . . . . Yes / No

Double-keyed deadlocks on perimeter doors. . . . . Yes / No

Grilles on accessible windows and doors. . . . . Yes / No

Fixed safe . . . . . Yes / No

Free-standing safe . . . . . Yes / No

Perimeter alarm . . . . . Yes / No

Internal alarm . . . . . Yes / No

Back to Base (If YES, please attach activity report) . . . . . Yes / No

If you answered YES to any alarm system did the alarm activate . . . . . Yes / No

If NO, please provide an explanation \_\_\_\_\_  
\_\_\_\_\_

**GLASS**

(Invoices or quotations must be attached to this Claim Form)

1 How was the glass damaged or broken? \_\_\_\_\_  
\_\_\_\_\_



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- 2 Was any sign writing damaged? . . . . . Yes / No
- 3 Has the break been repaired? . . . . . Yes / No
- 4 Name of repairer? \_\_\_\_\_
- 5 Amount claimed? \_\_\_\_\_
- 6 Has the invoice been paid? . . . . . Yes / No  
If YES, please provide details of who paid the invoice \_\_\_\_\_

**NATURAL PERILS (Storm, Tempest and Water Damage)**

(Please perform emergency repairs to prevent further damage as soon as possible)

- 1 Was the damage caused by a storm? . . . . . Yes / No  
If YES, please provide details. \_\_\_\_\_
- 2 What damage has been caused? \_\_\_\_\_  
\_\_\_\_\_
- 3 How did the water/rain/wind enter the premises? \_\_\_\_\_  
\_\_\_\_\_
- 4 What actions have been taken to minimise the damage? \_\_\_\_\_  
\_\_\_\_\_

**E. HISTORY**

- 1 Have you had any losses or previously made a claim against any insurance company in the past 3 years? . . . . . Yes / No  
If YES, please provide details of nature of loss, date of loss, insurer and value. \_\_\_\_\_  
\_\_\_\_\_
- 2 Have you had any insurance or renewal of insurance refused, cancelled, or had special conditions imposed? . . . Yes / No  
If YES, please provide details \_\_\_\_\_  
\_\_\_\_\_
- 3 Have you been charged with, or convicted of, any criminal offence? . . . . . Yes / No  
If YES, please provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### F. DECLARATION

I, (Full Name) \_\_\_\_\_

Position \_\_\_\_\_

Of the Insured and on behalf of the Insured declare the above answers to be true and correct in every particular and acknowledge that Assetinsure may make its decision on indemnity having regard to these answers.

I consent to Assetinsure using the personal information which I have provided on this form for the purposes of processing this claim. I understand that if I choose not to provide the required details, Assetinsure may not be able to process this claim.

I consent to Assetinsure disclosing my personal information to other insurers, an insurance reference service, or as required by law. I also consent to Assetinsure disclosing my personal information to, and/or collecting information about me, from third parties such as investigators or legal advisers. Where I have provided information about another individual (for example an employee or client), I declare that the individual has or will be made aware of that fact.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Schedule of Property**

All receipts and tax invoices must be submitted to Assetinsure prior to the payment of the claim.

#### **Dispute Resolution**

Assetinsure provides an internal dispute resolution process should a dispute arise. For details contact Assetinsure's Compliance Manager Assetinsure Pty Ltd, 44 Pitt Street, Sydney or ringing (02) 9251 8055.

#### **Privacy Policy**

Assetinsure is committed to safeguarding and protecting the privacy of personal information. We are bound by the provisions of the Privacy Act 1988 which sets out the standards to be met in the collection, use and disclosure of personal information.

If you require further information about our Privacy Policy, please refer to the detailed information on our website - [www.assetinsure.com.au/interest.asp](http://www.assetinsure.com.au/interest.asp)

If you want to access your personal information held by Assetinsure or wish to make a complaint in relation to privacy issues please contact us either electronically: [info@assetinsure.com.au](mailto:info@assetinsure.com.au) or [complaints@assetinsure.com.au](mailto:complaints@assetinsure.com.au) or at the address shown in this document.

#### **General Insurance Code of Practice**

Assetinsure has adopted the General Insurance Code of Practice which stipulates minimum standards of service to our clients. If you would like further information in regard to the Code of Practice please refer to the Code of Practice website - [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or our own website - [www.assetinsure.com.au/interest.asp](http://www.assetinsure.com.au/interest.asp)

