

Property Damage Claim Form

THE INSURANCE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.
IT IS ISSUED TO ENABLE THE INSURED TO LODGE A WRITTEN STATEMENT OF CLAIM.

Insurer
 Policy No.
 Due Date:

Please Note:

- Do not admit liability.
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- Send all quotations you have received to repair or replace damaged property or invoices or receipts if the goods have already been repaired. Attach them to this form.
- If at all possible, keep damage items available so we may inspect them.

Privacy

- We need personal information about you to assess your claim. We will, where relevant, disclose your personal information (other than sensitive information such as health information) to your insurance company service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose;
- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or your insurer may not accept the claim;
- We may also disclose personal information about you where we are required or permitted to do so by law;
- In most cases, on request, we will give you access to the personal information we hold about you.

Please fill in all relevant sections (Please PRINT your answers)

Name of Insured:
 Client Code:
 Postal Address: Postcode:
 What is your ABN: ITC %:
 Occupation: Date of Birth:
 Daytime Contact No. Alternate Contact No.

Date of Incident: / / Time: am/pm

Where did the incident occur?

Describe as fully as possible how the incident occurred

Do you consider any other party responsible for the incident? YES / NO
 (If "Yes", give details)

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Are you the sole owner of the property lost or damaged? YES / NO
 (If "No", give full details of the owners or part owners)

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Do you hold any other insurance under which a claim for this incident may be made? YES / NO
(If "Yes", give full details)

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Have you previously (in past 3 years) made a claim against any insurance company? YES / NO

Description of property lost or damaged (state each article/item separately)	When & where purchased	Purchase price \$	Present cost of replacement	Depreciation for age and condition	Amount claimed
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
Total Amount Claimed					\$

Special Risks, Burglary and Theft, Malicious Damage Claims.
Note: Police complaint acknowledgement forms to be attached to all cases of theft or loss.

Have police been informed of the incident? YES / NO

Police Station reported to:
Report No.

If "No", please give reason:
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.....

Has the loss been advertised in the newspaper? YES / NO
If "Yes", please attached newspaper cutting.

Details of any other steps taken to recover the article
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.....

Describe the method of entry and the damage caused to the building
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.....

When were the premises last occupied?

Who was on the premises at the time of loss?
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.....

For Glass, Wash Basin and Lavatory Pan Breakage Claims Only

Was the glass, basin, etc., cracked prior to the incident? YES / NO
If "Yes", please state date:

For Fire or Impact by Vehicle Claims Only

If a dividing fence or party wall was damaged, give name and address of joint owner
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If damage was caused by a vehicle, give details of owner/driver and vehicle registration number
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For Storm and Tempest and Water Damage Claims Only

Note: Do not delay in taking necessary action, such as emergency repairs, to prevent further damage.

What steps have been taken to minimise damage?
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Has the Building been physically damaged? YES / NO
If "Yes", give details (e.g. roof sheeting and/or tiles damaged)
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.....

If there has been no physical damage to the building, give details of how water entered the premises
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Evidence of Ownership and Value

Please attach your receipts or other documents to establish evidence of ownership and the value of each item. In cases of equipment or property e.g. bicycles, television receivers, supply evidence of serial numbers for insurers confirmation to manufacturers and the police. Damaged property must not be disposed of until claim is settled by your Insurer.

Declaration – Read carefully before signing

I/We declare that all the particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld, that no other person(s) have an interest of any kind in the said property and that all conditions and stipulations of the policy have been complied with.

I/We hereby claim from the Company in respect of the said loss, damage or accident and declare that the amount claimed above is based on a true value at the time of the loss.

Signed: **Date:**

