



PROPERTY CLAIM

The issue of this form does not constitute an admission of liability on the part of the insurer.

Claim Number	
Policy Number	
Cost Centre Code	

COMPULSORY FOR ALL CLAIMS

COMPANY DETAILS

Business Name												
Are you registered for GST?	No <input type="checkbox"/> Yes <input type="checkbox"/>	What is your ABN?										
Have you claimed or intent to claim an input tax credit on the GST component of the premium applicable to the policy?		No <input type="checkbox"/> Yes <input type="checkbox"/> - Will you be claiming an amount less than 100%?										
		No <input type="checkbox"/> Yes <input type="checkbox"/> - Specify amount claimed										%
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?		No <input type="checkbox"/> Yes <input type="checkbox"/> - Will you be claiming an amount less than 100%?										
		No <input type="checkbox"/> Yes <input type="checkbox"/> - Specify amount claimed										%
Nature of Business												
Address									State		Postcode	
		Business ()		Private ()		Facsimile ()		Mobile ()				

THE PROPERTY

Are you the owner of the property being claimed for?		No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details									
Was there any other insurance covering this damage current at the time of the occurrence?		No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details									
Name of Insurer							Policy Number				
Does any other party have an interest in the damaged property the subject of the claim? (e.g. Mortgagee, Finance Co. leasee)		No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details									
Name							Telephone		()		

THE PREMISES

Where did the loss or damage occur?												
Address									State		Postcode	
		Describe the premises (i.e. Factory, Warehouse, Office Block etc.)										
Are the premises tenanted?		No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details of tenant?										
Are you the tenant?		No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details of building owner?										
Were the premises occupied at the time of the loss?		No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details of when last occupied										
Name		Hour		Day		Date		/ /				

INCIDENT DETAILS

Day and Date of Incident		/	/	Between the hours of	am/pm	am/pm
How did the damage/loss occur?						
Was another person responsible for the damage? No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details						
Name						
Address						
			State		Postcode	

COMPLETE RELEVANT SECTIONS PERTAINING TO YOUR CLAIM

BREAKAGE OF GLASS - Please attach invoice or quotation

What was broken?	
Was the break through the entire thickness of the material? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Has the break been repaired? No <input type="checkbox"/> Yes <input type="checkbox"/> - If yes, have you paid the account? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Was there damage to the window signwriting? No <input type="checkbox"/> Yes <input type="checkbox"/>	

STORM AND WATER DAMAGE

Describe the damage	
How did the Wind, Rain, or Water enter the premises?	
Did the storm cause this opening? No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details	

**THEFT OR BURGLARY - Please attach original purchase dockets, invoices or receipts.
If you provide as much proof about owning the items it will help us to process you claim quickly**

How were the premises entered and where was the point of entry?

Which part of the premises were entered?

Have the police recovered any property?

No Yes - Give Details

SECURITY DETAILS

Are any of these used to provide security to the premises?

Keyed window locks on all accessible windows <input type="checkbox"/>	Grilles on all accessible windows and doors <input type="checkbox"/>	Fixed Safe <input type="checkbox"/>
Double keyed deadlocks on all perimeter doors <input type="checkbox"/>	Perimeter Alarm <input type="checkbox"/>	Free standing safe <input type="checkbox"/>
Back to base (please attach activity report) <input type="checkbox"/>	Internal Alarm <input type="checkbox"/>	None <input type="checkbox"/>

Did the device activate as a result of theft?

No Yes

ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE

POLICE DETAILS

Have the police been notified?

No Yes - by whom

Name	Telephone	()
Police Station	Date Notified	/ /
Crime Report No.	PLEASE ATTACH A COPY OF POLICE REPORT, IF AVAILABLE	

If the damage is the result of fire did the fire brigade attend?

No Yes

COMPLETE RELEVANT SECTIONS PERTAINING TO YOUR CLAIM

DETAILS OF CLAIM - Please attach quotations. If insufficient space please attach list and show total amounts only below

DAMAGE BUILDING

Particulars	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

