

GENERAL CLAIM FORM

THE INSURED

Full Name		Telephone	Private
Address		Number	Business
	Postcode	Fax No.	
What is your Occupation, Trade or Profession? (including Part-Time)			

POLICY DETAILS

Policy Number:	<input type="text"/>	Policy Expiry Date:	<input type="text"/>
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GOODS AND SERVICES TAX

To ensure you do not incur any unnecessary GST liabilities on this claim please complete these details.

Are you registered for GST purposes?
 No Yes What is your ABN? If you registered and have a ABN,
 have you claimed or will you be claiming an input tax credit on the GST applicable to this policy?
 No Yes Is the amount claimed less than 100% No Yes Specify the percentage
 Of the GST applicable to the premium? amount claimed %

Please note that this information is used by the insurer for their own GST calculations and will not affect your claim.

PARTICULARS OF INCIDENT

Date of the loss, or damage, or the date of when it was first discovered.

Where did the incident loss or damage happen?

How did the loss or damage happen? (If the loss of damage was a result of theft from a building, please state how entry was gained).

IF THE PROPERTY WAS LOST OR STOLEN, PLEASE ANSWER THE FOLLOWING QUESTIONS

Has a thorough search been made and notification been sent to shop owners, hotel proprietors or others who might be able to assist in locating the property? If so, please give details.

Describe the nature and extent of damage

If the loss or damage was caused by someone who is not a member of your household, e.g. a tradesman, please state name and address of the person company.

Name:	
Address:	Postcode:

Were the police notified? Yes No

When and at which Police Station was the report made?

Date:/...../..... Time:

Police Station:

Occupancy of the premises (e.g. private house, flat, hotel, shop etc.)

Are you a sole occupier?

Yes No

If NO give details of other occupants

Were you actually residing there at the time of the loss?

Yes No

If not, what was the last time and date when you were on the premises prior to the loss?

Time: am/pm Date: / /

If the property is also insured against loss or damage with any other insurer, please state:-

Name of Insurer:

Policy Number:

PLEASE COMPLETE FOR THIRD PARTY CLAIMS

Details of injury or damage to Third Parties

(a) Name:

(b) Address:

(c) Occupation:

(d) Age:

(e) Nature and extent of injuries/damage:

(f) Has the third party any relationship to you (e.g. relative/employee)?

(g) Have you received any correspondence from third parties?

If so, please enclose them with this form.

(h) Have you made any admission of liability?

DECLARATION

(If a firm, this declaration must be made and signed by a member of the firm, so describing himself)

I/We do hereby declare that the foregoing answers are true and correct, that I/We have in no manner wilfully caused the said loss or by any fraud or misrepresentation sought unjustly to benefit by the said event and that the information detailed in the Schedule appearing on the back hereof is a true and faithful account of the actual loss sustained excluding any profit or advantage.

AND I/We hereby undertake and agree to notify the Company immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of the Company to return the property or to refund the amount of money received by way of compensation in respect thereof.

Dated at: This day of 20

Signature of Insured:

Position with Company (if applicable):

N.B.: PLEASE COMPLETE SCHEDULE ON BACK

BUILDING DAMAGE – DETAILS OF CLAIM

Estimated full cost of the repairs (Including GST)	\$
Actual cost (if all work has been done)	\$
Less GST Input tax credit	\$
How much are you claiming?	\$

If you have obtained estimates or accounts, please attach and Send them with the completed claim form
 N.B. If you are still waiting estimates, don't delay sending us the claim form. Tick box if Estimates are being obtained and are to be sent later.

If you are not the owner of the building please state:

Name of Owner:	
Address:	Postcode:

Why do you have to pay for the repairs? (e.g. terms Of your lease)

SCHEDULE

(1) PLEASE COMPLETE FOR **LOSS** OF PROPERTY/CONTENTS/VALUABLES

Description of Property For Which Loss is Claimed	Owner Address	Date of Purchase or Acquisition	Replacement Cost (Include GST)	Less Input Tax Credit You Can Claim on the Purchase of These Items as a % of the Total GST Payable	Value of Salvage (If Any)	Amount of Loss or Damage Claimed \$
TOTAL AMOUNT OF LOSS CLAIMED						\$

