#### Guide for completion

Please complete all sections of this form and note the following:

- 1. The completion of this form does not constitute policy acceptance by the insurer.
- 2. Failure to notify a matter immediately after the event or after you become aware of the event may enable the insurer to reduce or avoid any liability incurred.
- 3. Please ensure that you answer all questions in full and honestly. The form must be signed and dated.
- 4. If you do not believe a question is applicable, please write 'n/a'.
- 5. All communications with the Insurer and Aon should be marked 'Private and Confidential'.
- 6. If anyone holds you responsible for their accident or injury, please insist that their claim must be in writing.
- 7. Do not admit liability to any claimant and do not disclose to the claimant the existence of any insurance you may have in place.
- 8. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
- 9. Salvage remains the property of the insurer.
- 10. Any attachments will form part of this claim report and the declaration will include them.

#### Privacy and collection statement

The insurer includes information about how they manage your personal information in their Product Disclosure Statements and Policy booklets. You can obtain a copy of the insurer's statement from their website or contact the Compliance Manager.

#### 1. Insured Details

#### Name of insured

🗌 Mr	Mrs Miss Ms Dr	
First name		Family name
Postal addre	255	
Suburb		State Postcode
Phone		Mobile
Email		
Insurer		Policy number

#### 2. Electronic Funds Transfer Details

Following your insurer's approval of your claim, should you wish to have your claim benefits transferred directly into your bank account, please provide the following details:

Name of financial institution	
Account name	
BSB number	Account number



3. Incident Details Date of loss, theft or damage (dd/mm/yyyy) Time Time Please describe what happened		🗆 am 🗌 pm
Address where the loss, theft or damage happened		
Are you the only occupier of the premises?	Yes	ΠNο
If 'No', please provide details		
Who discovered the loss, theft or damage and include their name, date discovered and time		
Do you know who is responsible for the loss, theft or damage?	□Yes	No
If 'Yes', please provide their name, address and any other information about the person/s responsible		
Were the premises broken into?	Yes	No
If 'Yes', please advise the time and date when the premises were last occupied (dd/mm/yyyy) and and advise the premises securely locked?	Yes	No
How was entry gained?		
Have steps been taken to improve the security of your premises? You must report any loss, theft or vandalism of property to the Police and obtain a copy of their report.	Yes	No



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### 4. Witnesses

Were there any witnesses to the loss, theft or damage? If 'Yes', please advise their name, addressed and telephone number

Yes	🗌 No
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# 5. Police Details

Name of the police station where you reported the matter	
Name of police officer	
Police offence report number	
	Date reported (dd/mm/yyyy)

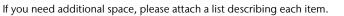
# 6. Schedule

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 (inc GST)	Less input tax credit (as %)*	Value of salvage (if any)	Amount of loss or damage claimed
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			

Total amount of loss claimed \$

\* Less input tax credit you can claim on the purchase of these items as a % of the total GST payable.





7. The Property			
Do you owe any money on the property lost, stolen or damage		Yes	No
If 'Yes', please provide the lender's name, address and the ap	proximate amount owing		
Is the property repairable?		Yes 🗌	No
If 'Yes', please attach a quote for repairs.			
If 'No', please attach the original receipts, valuations, quote for	replacement or a certification from an autho	rised repairer that the item is ur	nrepairable
Some of the property lost, stolen or damaged may be covered	under other policies, including health insura	nce.	
Please list any other insurance you have which might cover the			
Name of insured	Policy no.		
Type of insurance			
Address			
		Postcode	
L Have you had any previous losses or made any claims for loss, theft or damage			
on any insurer in the past 5 years, whether you claimed for th		□ Yes □	No
If 'Yes' please advise what happened including the value of th			NO
Has any insurer refused or cancelled cover or required special items to insure you?			No
If 'Yes', please advise what happened			
Have you been charged with, or convicted of, any criminal of	fence in the last 10 years?	Yes	No
If 'Yes', please provide details			



<ol> <li>Goods and Services Tax</li> <li>To ensure that you do not incur any unnecessary GST liabilities on this claim please complete these details.</li> </ol>		
Are you registered for GST? What is your ABN?	Yes	No
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the policy? Will you be claiming an amount less than 100%? Specify amount claimed %	☐ Yes ☐ Yes	□ No □ No
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	Yes	No

# 9. Declaration

Specify amount claimed

I/We declare that:

- 1. I/We the Insured do solemnly and sincerely declare that I/we have complied with the terms and conditions of the Policy and in no manner caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim.
- 2. I/We understand the claim may be refused or reduced if information is withheld.
- 3. I/We authorise the insurer to disclose information contained herein to their advisors, reinsurers and to other insurers. I/We authorise the insurer to obtain from any other party information that is, in the insurer's view relevant to this claim.

Signature of insured

Date Date	(dd/m	m/yyy	y)		
					-

Aon is a leading provider of risk management services, insurance and reinsurance broking, financial planning and employee benefit and risk solutions. Aon professionals meet the diverse and varied needs of our clients through our industry knowledge, technical expertise and global resources.

For more information on Aon see aon.com.au

