

Loss or Damage Claim Form

Important Notices

How to Make a Claim

1. Please complete this claim form truthfully and return it to us as soon as possible.
2. Do not authorise repairs unless we approve them or it is necessary to safeguard your premises.
3. Burglary, theft, accidental loss and malicious damage must be reported immediately to the police. If they attend or you are required to attend the local police station, a copy of their report might be given to you. If so, please send a copy of the report to us with your claim form.
4. Always list what has been damaged or stolen. Keep damaged items in case we need to inspect them. We need proof of ownership for all missing items (eg. receipts, operating manuals, guarantees or photos). If you do not have proof of ownership we might require details of the place and time of purchase.
5. We prefer to organise repairs. However, in the event of a claim, we may appoint a claim assessor to assist you in resolving your claim quickly.
6. Feel free to phone our local office for any advice or assistance or our after hours emergency service number 1800 810 213.

GST and Insurance Requirements

If you are registered for GST purposes and have an entitlement to claim an Input Tax Credit (ITC) for GST paid on your insurance, you are required to inform your insurer, at or before the time of any subsequent claim, of the extent to which you are eligible to claim an ITC. To minimise your GST compliance costs, we request you provide this ITC entitlement at the time of lodging a claim. Failure to provide this information may result in a GST liability on any subsequent claim paid to you or on your behalf. You may wish to consult your accountant or tax adviser before completing the ITC entitlement overleaf.

Excess

You must pay the amount of any excess before a claim is paid under this Policy. The amount of any excess is shown in the Policy Schedule.

General Insurance Code of Practice

We operate in accordance with the General Insurance Code of Practice

Dispute Resolution

Internal

We have a document dispute resolution procedure that is available to you free of charge if any dispute about your policy is unresolved. We have brochures available that provide information about:

- Our procedures for handling a dispute;
- The time in which a dispute will normally be handled; and
- The powers of the officer handling the dispute.

External

If You are still not satisfied, you also have the right to have any decision made by us about your claim reviewed by the General Insurance Enquiries and Complaints Scheme operated by Insurance Enquiries and Complaints Limited. We have brochures available that provide information about this scheme.

Policyholder Details

Title: Mr Mrs Miss Ms Dr Other _____

First Name _____ Surname _____ Policy No. _____

Address _____ Postcode _____

Business Phone No. _____ Private Phone No. _____ Fax No. _____

Mobile Phone No. _____ E-mail Address _____

Compulsory Completion (for GST registered business entities only)	
Do you intend to claim or have you already claimed the amount of GST paid on this insurance policy as an Input Tax Credit?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: (i) What is the percentage of your Input Tax Credit Entitlement?
	<input type="checkbox"/> Full 100% <input type="checkbox"/> Partial _____ % (indicate percentage)
	(ii) What is your ABN? _____

Where and When the Loss or Damage Happened

Location where the loss or damage happened _____

Date of Loss or Damage _____ / _____ / _____ Time _____ am / pm

Full description of how the loss or damage happened _____

If property water-damaged by storm, tempest, rainwater. How did water enter the premises? _____

If the property has been damaged maliciously, has the damage been reported to the Police?

Yes No If yes, please attach the Police Crime Report to this claim form (if available)

Provide details of which Police Station and the name of the reporting officer _____

Date and time of notification _____ / _____ / _____ _____ am / pm

Was the premises occupied at the time of the loss?

Yes No If no, the date it was last occupied? _____ / _____ / _____

Name of the owner of the damaged property if other than you _____

Name of any other interested party (eg. Mortgagee) _____

Details of any persons responsible for the loss or damage if other than you _____

Notes

Please use this space to provide any extra information that may help us assess and settle your claim quickly and efficiently.

OFFICE USE ONLY

Policy No: _____ Claim No: _____

Claim Managed By _____ Date: _____