**PROPERTY CLAIM FORM**

**Policyholder Details:**

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| **Policy No:**       | **Client Code:**       |
| **Name/s of Insured:** |       |
| **Occupation:** |       |
| **Contact Person/s:** |       |
| **Contact Phone Number/s:** | **Mob:**        | **Other:**       |
| **Email Address:** |       |
| **Postal Address:** |       |
|  |       | **State:**       | **Post Code:**       |

**GST Details:**

|  |  |  |
| --- | --- | --- |
| **GST: Are you Registered for GST purposes?** | **Yes** **☐ No** ☐ | A.B.N |
| **To what extent are you entitled to claim an Input Tax Credit on the GST for this Policy?**  |       % |
| **Details of Incident/Loss:** |
| **Date of Incident/Loss:** |       /      / 20      | **Time of Incident/Loss:**  |       AM☐ PM ☐ |
| **Address where Incident/Loss occurred:** |       |
| **Incident Description:** | ***Note:*** *Describe what happened, how (eg; if Burglary, include how entry was gained and details of damage). Attach a separate page if insufficient room below.* |
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| **Description/Schedule of Loss:** |
| **Description of property damaged/stolen/lost:** *(if insufficient space, attach a separate list)* |
| **Item Description** | **Year Purchased** | **Amount Claimed ($)** | **Replacement Cost/Repair Cost ($)** |
|       |       | $       | $       |
|       |       | $       | $       |
|       |       | $       | $       |
|       |       | $       | $       |

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| **Additional Loss Information:** |
| **Police:** | **Have the Police been notified? Yes** **☐ No** ***☐*** *(All Burglary/Theft/Malicious Damage claims must be reported to the Police)* |
| **Police Station:**       | **Reporting Officer:**       |
| **Police Report No**:       | **Date Reported**:       /      / 20      |
| **Security of your premises:** *(give any details of precautions or security measures implemented since the Loss:* |
|       |
| **Third Parties:** Do you know who was responsible for the damage/Incident: **Yes** ☐ **No** ☐ |
| If yes, please provide: Name:       |
| Address:       |
| Phone No:        | Other Detail/Rego No:       |
| **Witnesses:** Were there any witnesses to the incident: **Yes** ☐ **No** ☐ |
| If yes, please provide: Name:       |
| Address:       |
| Phone No:       |
| **Declaration:** |
| I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed “Your Privacy”. |
| **Full name of claimant(s) (please use block letters):**  |
| **Signature(s):**       | **Date**:       /      / 20       |