



Policy Number

Date

Your Claim Reference

For your records you can provide a division or reference number

Insured name/s (Policyholder name)

Contact name

Contact Number

E-mail

Address

Suburb

Post Code

State or Territory

ACT

NSW

NT

QLD

SA

TAS

VIC

WA

Are you registered for GST purposes?

No

Yes

What is your ABN?

Have you claimed, or do you intend to claim an input tax credit on the GST applicable to this policy?

No

Yes

Specify the percentage to be claimed

 %

Incident Details

When did the loss, theft or damage occur?

Time

a.m.

p.m.

Type of loss

Address where loss occurred

Post Code

Please describe what happened

Are you the only occupier of your premises?

Yes

No

Please provide details of other occupiers

Were your premises broken into?

Yes

No

When was the premises last occupied?

Date

Were the premises securely locked?

Yes

No

How was entry gained (e.g. door forced)?

Have steps been taken to improve security?



Police and Fire

Have the police been notified? Yes No

You must report any loss, theft or vandalism of property to the police. You may need to provide this for your claim

Police Station	<input type="text"/>	Reporting Officer	<input type="text"/>
Police Report Number	<input type="text"/>	Date Reported	<input type="text"/>

You must report any loss caused by fire to the Fire Brigade

Fire Station	<input type="text"/>	Reporting Officer	<input type="text"/>
Fire Report Number	<input type="text"/>	Date Reported	<input type="text"/>

Third Parties

Do you know who is responsible for the loss, theft, or damage to your property? Yes No

Provide names and addresses, and any other information known about the person(s) responsible

Witnesses

Were there any witnesses to the incident? Yes No

If yes please provide the following details

Name of Witness	Address	Phone Number	Where was the witness

Interested Parties

Is there any finance held, or money owing on the property? Yes No

Name of Financier	<input type="text"/>	Phone Number	<input type="text"/>
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Other Insurance

Is there any other insurances held that cover this property (including medical or health)? Yes No

If yes please provide details

History

Have you had any previous losses or made any claims for loss, theft or damage on any insurer in the past 5 years? Yes No

If yes please provide details

Has any insurer refused or cancelled cover or required special terms to insure you? Yes No

If yes please provide details

Have you been charged with, or convicted of any criminal charges in the past 10 years? Yes No

If yes please provide details



Details for EFT payment

Bank

Account Name

BSB

Account Number

Privacy

The Privacy Act 1988 sets out standards for the collection and management of personal information. We collect personal information in order to provide our services and products. Our Privacy Policy Statement is available on our website or click [here](#) to view

Declaration

By submitting this form, the signatory declares:

That the details in this form are correct and not misrepresented in any way.

The insurer may make their decision on indemnity based on these answers.

I understand the Privacy Act 1998 and consent to use and disclosure of personal information (tick to agree)

This electronic signature will be treated the same as if signed personally (tick to sign)

Completed by

Date