

Property claim form

How to submit a claim

1. Fill in this form and attach relevant documents.
2. Email this form and relevant documents to claims@mitti.com
3. Alternatively, call us on 1300 164 884
4. We'll be in touch with you.

DOC0001-0726

Brokerage Name

Contact Name

Phone

Email address

Customer details

Business Name

Policy Number

Contact Name

Mobile

Phone

Email address

Address

State

Postcode

GST details

Are you registered for Goods and Services Tax (GST) purposes?

Yes

☐

No

☐

If Yes, what is your Australian Business Number (ABN)?

What % of the GST applicable to your premium is being claimed by you as an Input Tax Credit?

What % of the GST applicable to the damage will be claimed by you as an Input Tax Credit?

Insurance products are issued by Mitti Insurance Pty Ltd (formerly SafetyCulture Care Australia Pty Ltd) ABN 54 662 653 303 AFSL 544306 (Mitti Insurance) as agent for the insurer Allianz Australia Insurance Limited ABN 15 000 122 850 AFS Licence No 234708 (Allianz). Mitti Insurance has a binding authority to issue, renew, vary and cancel contracts of insurance and to handle and settle claims on behalf of Allianz.

Tell us about the claim

Type of claim

Accidental damage

☐

Fire

☐

Storm/water/flood

☐

Portable contents

☐

Burglary/theft

☐

Glass breakage

☐

Business Income

☐

Other

☐

Machinery breakdown

☐

Electronic equipment breakdown

☐

Tell us what happened to cause the loss or damage

When did the loss or damage happen?

Date

Time (hh:mm)

What's the address where the loss or damage happened?

State

Postcode

Did an official get involved at any point?

Police

☐

Firefighters

☐

No official attended

☐

Volunteer emergency services (SES)

☐

Electrical, water or gas company

☐

Are there any other details you'd like to include? For example, police details if they got involved.

Was the property being used or occupied when the loss or damage happened?

Yes

☐

No

☐

If you answered No, when was the property last occupied before the loss or damage happened?

Date:

Details of loss and damage

Yes No

Yes No

Yes No

Yes No

If Yes, please attach these with this form

[illegible]

Is someone else responsible?

Full name of responsible person and/or name of their business

Mobile

Phone

Email address

Address

State

Postcode

Why do you think they are responsible?

Were there any witnesses?

1. Full Name

Address

Relationship to insured customer

Contact number

2. Full Name

Address

Relationship to insured customer

Contact number

Payment details

Would you like us to deposit your payment to your Australian bank account?

Yes

☐

No

☐

Bank name:

Account name:

BSB:

Account number:

Charges and insurance history

Has any insurer refused or cancelled cover or required special terms to insure you?

Yes

☐

No

☐

Have you been charged with, or convicted of, any criminal offence in the last 10 years?

Yes

☐

No

☐

Is there anything else you'd like to tell us?

Privacy

Mitti Insurance gives priority to protecting the privacy of your personal information, by handling personal information in a responsible manner and in accordance with the Privacy Act 1988 (Cth).

How we collect your personal information

We usually collect your personal information from you or your agents. We may also collect personal information from our agents and service providers; insurers and insurance reference bureaus; people who are involved in a claim or assist them in investigating or processing claims, including third parties claiming under your policy, witnesses and medical practitioners; third parties who may be arranging insurance cover for a group that you are a part of; law enforcement, dispute resolution, statutory and regulatory bodies; marketing lists and industry databases; and publicly available sources.

Why Mitti Insurance collects your personal information

We collect your personal information to enable us to provide products and services, including to process and settle claims; make offers of products and services provided by Mitti Insurance and their related companies, brokers, intermediaries, business partners and others that Mitti Insurance have an association with that may interest you; and conduct market or customer research to determine those products or services that may suit you.

You can choose not to receive product or service offerings from Mitti Insurance (including product or service offerings from us on behalf of our brokers, intermediaries and/or our business partners) or our related companies by calling Mitti Insurance on 1300 164 884, EST 9am to 5pm Monday to Friday. If you

do not provide your personal information required by Mitti Insurance, they may not be able to provide you with their services, including settlement of claims.

Who Mitti Insurance discloses your personal information to

We may disclose your personal information to others with whom they have business arrangements for the purposes listed in the paragraph above or to enable them to offer their products and services to you. These parties may include service providers, insurers, intermediaries, reinsurers, insurance reference bureaus, related companies, advisers, persons involved in claims, external claims data collectors and verifiers, parties that we have an insurance scheme in place with under which you purchased your policy (such as an industry association). Disclosure may also be made to government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Disclosure overseas

Your personal information may be disclosed to our related entities, business partners, insurers, reinsurers and service providers that may be located in Australia or overseas. The countries this information may be disclosed to will vary from time to time, but may include Germany, United Kingdom, United States of America, Philippines, India, and other countries where Mitti Insurance or its related entities have a presence or engages subcontractors.

Mitti Insurance regularly review the security of its systems used for sending personal information overseas. Any information disclosed may only be used for the purposes of collection detailed above and system administration.

When personal information is shared overseas, there is a possibility whomever receives the information may be required to disclose it under a foreign law.

Access to your personal information and complaints

You may ask for access to the personal information we hold about you and seek correction by calling 1300 164 884, EST 9am to 5pm Monday to Friday.

Mitti Insurance's Privacy Policy contains details about how you may make a complaint about a breach of the privacy principles contained in the Privacy Act 1988 (Cth) and how we deal with complaints. Mitti Insurance's Privacy Policy is available at www.insurance.mitti.com/privacy.

Telephone call recording

We may record incoming and/or outgoing telephone calls for claims, training or verification purposes. Where we have recorded a telephone call, they can provide you with a copy at your request, where it is reasonable to do so.

Your consent

By providing Mitti Insurance with personal information, you and any other person you provide personal information for consent to these uses and disclosures until you tell us otherwise. If you wish to withdraw your consent, including for such things as receiving information on products and offers by Mitti Insurance, our related entities or persons we have an association with, please contact us.

Contact us

If you have any questions about your claim or this form, please reach out to us

Email: claims@mitti.com

Mail: 72 Foveaux Street, Surry Hills,
NSW 2010

Phone: 1300 164 884

Website: insurance.mitti.com

I'm having an issue

Speak to us if you have a complaint, we can help you.

If the issue isn't sorted out in a way that you're satisfied with, you can ask for a review.

Reach out to us on 1300 164 884 to ask for a review or email complaints.ins@mitti.com

Please read your policy wording for more information about resolving complaints.

Declaration

I/We acknowledge and declare that:

- I/we have been truthful and accurate in completing this form and declaration and have not withheld any information likely to affect the assessment of this claim;
- I/we have either completed this form personally or, if it has been on my/our behalf, have checked that the questions have been fully and accurately answered;
- Where there is more than one Insured/Policyholder included on this form, I/we acknowledge that I/we are authorised to sign for and on behalf of the other Insured(s)/Policyholder(s);
- I/we have read and understood the Privacy Notice on this form and consent to the collection, storage, use and disclosure of any personal and sensitive information;
- if I/we have not complied with the Duty of Disclosure and Duty of Utmost Good Faith, a claim made under the policy may not be met or only met in part.

Signature of insured Customer:

Date: