

PROPERTY CLAIM

The issue of this form does not contitute an admission of liability on the part of the insurer.

# Claim Number Policy Number Cost Centre Code

## COMPULSORY FOR ALL CLAIMS

				COMP	ANY DE	TAILS										
Business Name																
Are you registered t	for GST?	No 🗌	Yes 🗌	What is yo	our ABN?											
Have you claimed or intent to claim an input tax credit on the No Yes - Will you be claiming an amount less than 10							n 1009	%?								
GST component of	the premium	n applicable	e to the po	licy?	No 🗌	Yes	5	Specify	' amo	unt cl	aimed					%
Are you entitled to a	Are you entitled to claim an input tax credit for repairs or No Yes - Will you be claiming an amount less than 100%?							%?								
replacement of the	item that has	s been lost	or damage	ed?	No 🗌	Yes	- 5	Specify	' amo	unt cl	aimed					%
Nature of Business																
Address																
Address								Stat	е			Po	ostcoc	е		
		Business	3 ( )					Priva	te	(	)					
Contact Numbers		Facsimile	э ( )					Mob	ile	(	)					
THE PROPERTY   Are you the owner of the property being claimed for?   No   Yes   - Give Details																
Are you the owner o		ty Dell Ig Cla									No _	_ Y	′es 🔄	- (	aive De	etalis

Was there any other i	Nc		Yes 🦳 - Give Details		
Name of Insurer		Policy Number			
Does any other party have an interest in the damaged property the subject of the claim? (e.g. Mortgagee, Finance Co. leasee)					Yes 🗌 - Give Details
Name		Telephone	( )		

		THE PRE	MISES					
Where did the lo	ss or damage occur?							
Address					State		Postcode	
Describe the pre	emises (i.e. Factory, Warehouse, Office Bloc	k etc.)						
Are the premises tenanted? No Yes - Give Details of tenant?								
			·					
Are you the tena	nt? No 🗌 Yes 🗌 - Give Details of	building ov	wner?					
			·					
Were the premis	es occupied at the time of the loss?			No	Yes	] - Give Deta	ails of when la	ast occupied
Name		Hour		Da	ay		Date ,	/ /

INCIDENT DETAILS									
Day and Date of Incident		/	/	Betwee	n the hours of	F	am/pm	am/pm	
How did the damage/loss occur	r?								
Was another person responsible	e for the damage?					No	Yes -	Give Details	
Name									
Address									
Aug 655					State		Postcode		

## COMPLETE RELEVANT SECTIONS PERTAINING TO YOUR CLAIM

BREAKAGE OF GLASS - Please attach invoice or quotation						
What was broken?						
Was the break through the entire thickness of the material?	No 🗌 Yes 🗌					
Has the break been repaired?	No Yes - If yes, have you paid the account? No Yes					
Was there damage to the window signwriting?	No 🗌 Yes 🗌					

### STORM AND WATER DAMAGE

Describe the damage	
How did the Wind, Rain, or Water enter the premises?	
Did the storm cause this opening?	No 🦳 Yes 🗌 - Give Details

THEFT OR BURGLARY - Please attach original purchase dockets, invoices or If you provide as much proof about owning the items it will help us to process you cl		У
How were the premises entered and where was the point of entry?		
Which part of the premises were entered?		
Have the police recovered any property?	No 🗌	Yes 🗌 - Give Details

		SECURITY DETAILS				
Are any of these used to provide se	ecurity to t	he premises?				
Keyed window locks on all accessible windows		Grilles on all accessible windows and doors		Fixed Safe		
Double keyed deadlocks on all perimeter doors		Perimeter Alarm		Free standing safe		
Back to base (please attach activity report)		Internal Alarm		None		
Did the device activate as a result of theft? No 🗌 Yes 🗌						
ANY LOSS INVOLVING MALI	ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE					

POLICE DETAILS							
Have the police been	No 🗌 Yes 🗌 - by whom						
Name			Telep	hone	( )		
Police Station				Date No	otified	/	/
Crime Report No.		PLEASE	ATTACH A C	COPY OF P	OLICE F	REPORT, IF	AVAILABLE
If the damage is the re	esult of fire did the fire brigade attend?					No 🗌	Yes

### COMPLETE RELEVANT SECTIONS PERTAINING TO YOUR CLAIM

DETAILS OF CLAIM - Please attach quotations. If insuf	fficient space please attach list and show tota	l amounts only below
DAMAGE BUILDING		
Particulars	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL	\$

LOSS OR DAMAGE TO OTHER PROPERTY							
Description of Property (include serial number)	Where Purchased	When Purchased		When Purchased		Value at Time of Loss	Replacement Value (attach quotes)
		/	/	\$	\$		
		/	/	\$	\$		
		/	/	\$	\$		
		/	/	\$	\$		
		/	/	\$	\$		
		/	/	\$	\$		
		/	/	\$	\$		
		/	/	\$	\$		
		/	/	\$	\$		
		/	/	\$	\$		
		/	/	\$	\$		
		/	/	\$	\$		
		/	/	\$	\$		
TOTAL \$							

We are not responsible for payment of invoices, however, please indicate if you request payment to any other party

Lockton Companies Australia Pty Ltd includes information about how we manage your personal information in your financial services guide. You can obtain a copy of the insurers Privacy Policy Statement from their website.

DECLARATION AND AUTHORISATION								
The information and answers given above are true, correct and complete in every detail.								
1. I / We understand the claim may be refused if information is not true or withheld								
2. I / We authorise the insurer to give and obtain from other insurers, insurance references bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.								
Signature of Insured 1.	Date	/ /						
Signature of Insured 2.	Date	/ /						

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM