



PROPERTY CLAIM

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

| | |
|-------------------------|--|
| Claim Number | |
| Policy Number | |
| Cost Centre Code | |

COMPULSORY FOR ALL CLAIMS

COMPANY DETAILS

| | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|-------------|--|---------------|--|------------|--|-------|--|----------|--|
| Business Name | | | | | | | | | | | | | |
| Are you registered for GST? | No <input type="checkbox"/> Yes <input type="checkbox"/> | What is your ABN? | | | | | | | | | | | |
| Have you claimed or intent to claim an input tax credit on the GST component of the premium applicable to the policy? | | No <input type="checkbox"/> Yes <input type="checkbox"/> - Will you be claiming an amount less than 100%? | | | | | | | | | | | |
| | | No <input type="checkbox"/> Yes <input type="checkbox"/> - Specify amount claimed | | | | | | | | | | % | |
| Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged? | | No <input type="checkbox"/> Yes <input type="checkbox"/> - Will you be claiming an amount less than 100%? | | | | | | | | | | | |
| | | No <input type="checkbox"/> Yes <input type="checkbox"/> - Specify amount claimed | | | | | | | | | | % | |
| Nature of Business | | | | | | | | | | | | | |
| Address | | | | | | | | | | State | | Postcode | |
| | | Business () | | Private () | | Facsimile () | | Mobile () | | | | | |

THE PROPERTY

| | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|--|--|---------------|--|-----|--|--|--|
| Are you the owner of the property being claimed for? | | No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details | | | | | | | | | |
| | | | | | | | | | | | |
| Was there any other insurance covering this damage current at the time of the occurrence? | | No <input type="checkbox"/> Yes <input type="checkbox"/> - 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) | | No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details | | | | | | | | | |
| Name | | | | | | Telephone | | () | | | |

THE PREMISES

| | | | | | | | | | | | | | |
|-----------------------------------------------------|--|-----------------------------------------------------------------------------------------------|--|-----|--|------|--|-----|--|-------|--|----------|--|
| Where did the loss or damage occur? | | | | | | | | | | | | | |
| Address | | | | | | | | | | State | | Postcode | |
| | | Describe the premises (i.e. Factory, Warehouse, Office Block etc.) | | | | | | | | | | | |
| Are the premises tenanted? | | No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details of tenant? | | | | | | | | | | | |
| Are you the tenant? | | No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details of building owner? | | | | | | | | | | | |
| Were the premises occupied at the time of the loss? | | No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details of when last occupied | | | | | | | | | | | |
| Name | | Hour | | Day | | Date | | / / | | | | | |

INCIDENT DETAILS

| | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------|--|---|---|----------------------|--|----------|-------|
| Day and Date of Incident | | / | / | Between the hours of | | am/pm | am/pm |
| How did the damage/loss occur? | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Was another person responsible for the damage? No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details | | | | | | | |
| Name | | | | | | | |
| Address | | | | | | | |
| | | | | 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 <input type="checkbox"/> Yes <input type="checkbox"/> |
| Has the break been repaired? | No <input type="checkbox"/> Yes <input type="checkbox"/> - If yes, have you paid the account? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Was there damage to the window signwriting? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

STORM AND WATER DAMAGE

| | |
|-----------------------------------------------------------------------------------------------------------|--|
| Describe the damage | |
| | |
| | |
| | |
| | |
| How did the Wind, Rain, or Water enter the premises? | |
| | |
| | |
| | |
| | |
| Did the storm cause this opening? No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details | |
| | |
| | |
| | |

**THEFT OR BURGLARY - Please attach original purchase dockets, invoices or receipts.
If you provide as much proof about owning the items it will help us to process you claim quickly**

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 security to the premises?

| | | |
|------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------|
| Keyed window locks on all accessible windows <input type="checkbox"/> | Grilles on all accessible windows and doors <input type="checkbox"/> | Fixed Safe <input type="checkbox"/> |
| Double keyed deadlocks on all perimeter doors <input type="checkbox"/> | Perimeter Alarm <input type="checkbox"/> | Free standing safe <input type="checkbox"/> |
| Back to base (please attach activity report) <input type="checkbox"/> | Internal Alarm <input type="checkbox"/> | None <input type="checkbox"/> |

Did the device activate as a result of theft?

No Yes

ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE

POLICE DETAILS

Have the police been notified?

No Yes - by whom

| | | |
|------------------|------------------------------------------------------------|-----|
| Name | Telephone | () |
| Police Station | Date Notified | / / |
| Crime Report No. | PLEASE ATTACH A COPY OF POLICE REPORT, IF AVAILABLE | |

If the damage is the result of fire did the fire brigade attend?

No Yes

COMPLETE RELEVANT SECTIONS PERTAINING TO YOUR CLAIM

DETAILS OF CLAIM - Please attach quotations. If insufficient space please attach list and show total amounts only below

DAMAGE BUILDING

| Particulars | Date | Amount |
|--------------|------|--------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| TOTAL | | \$ |

