

A. POLICY HOLDER DETAILS

Name of Insured: (Mr/Mrs/Ms/Ms)

Postal Address:

Contact Telephone No. (0) Alternative Contact No. (0)

B. DETAILS OF DAMAGE OR LOSS

Date of Loss Day Time am / pm

Where did the loss occur?

How did the loss or damage happen?

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If the loss was caused by anyone other than the insured please give name and address details

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C. FOR LOST ITEMS/THEFT /BURGLARY

YOU MUST IMMEDIATELY INFORM THE POLICE IF PROPERTY HAS BEEN LOST OR IF YOU SUSPECT BURGLARY, THEFT, ARSON, MALICIOUS DAMAGE OR ANY OTHER CRIMINAL ACT THAT HAS CAUSED THE DAMAGE OR LOSS

Is a Police Complaint Acknowledgement form attached? Yes No If no please complete the following details:

Reported by to (Station name)

On Complaint Ref No Name of Attending Officer

If the loss or damage was through a burglary (or an attempted burglary):

Did the premises have a burglar alarm? Yes No Don't know

If "yes", was the alarm on at the time the loss or damage happened? Yes No Don't know

D. OTHER PARTICULARS

Are you the sole owner of property damaged or stolen? Yes No

If no, please supply details of the other interested party (e.g. Mortgagee, Trustee, etc):

Do you have any other insurance which covers this loss or damage?

If you do not own the premises, does the lease make you responsible for repairing any damage?

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Have you had a loss or made any claim against any Insurance Company in the past 5 years (regardless of amount)? If "yes" please give full details including date, type of claim and name of insurer:

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E. DETAILS OF PROPERTY LOST OR DAMAGED

- In the case of loss, please attach proof of ownership and/or purchase receipts.
- Please attach a written quotation for replacement of the item(s).
- If at all possible, keep damaged items available so that we can inspect them if needed.

OFFICE USE

| Full Description of Article(s) | From Whom Obtained (Name and Address) | Date When Originally Bought or Received | Current Replacement Price | Repair Cost | Depreciation for Age, Use or Wear and Tear | |
|--------------------------------|---------------------------------------|---|---------------------------|-------------|--|--|
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If there is not enough room to list everything you are claiming for, please attach an additional list.

Is an additional list attached? Yes No

| | |
|-----------------------|--|
| AMOUNT | |
| EXCESS | |
| CLAIM TOTAL \$ | |

DECLARATION – Note: Failure to provide full and truthful information could result in the claim being declined.

Authorisation and Privacy Statement

By signing and submitting this form, and in order to proceed with this insurance cover, you are agreeing to the following authorisation and declaration statements:

1. You give authorisation to give to and obtain from other Insurance Companies, Insurance Brokers, the Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by you, and any claim(s) made by you, and any information you have provided now or previously for the purpose of payment.
2. Your personal information has been collected in order to evaluate your insurance requirements for the purpose of deciding whether to issue insurance cover and, if so, on what terms. Failure to provide any personal information requested may result in your application for insurance being declined.
3. Your personal information has also been collected in order to monitor and service your ongoing general insurance requirements, conduct market research, data processing and statistical analysis. Unless you advise that you disagree, the information you supply may also be used by other insurers and financially interested parties.
4. In accordance with the Privacy Act 2020, individuals have a right to request access to and correction of their personal information (a fee may be payable).

I have read and understood the authorisation statements

[] Yes
 [] No

Signed on behalf of all Insureds Date

(If a company please state capacity)

Authority to make payments by Direct Credit

If there are any payments to be made to you in settlement of this claim we can arrange for these to be made by direct credit. If you would like this to happen please either attach a copy of a deposit slip with this claim form or note the bank account details below.

Bank Account Number

Name of Account Holder _____

Name of Bank and Branch _____