



Insure your vision

A.B.N. 17 000 434 720

Issuing Office: _____

GENERAL CLAIM FORM

THE INSURED

Full Name		Contact Details	Private:
Address			Business:
	Postcode		Mobile:
What is your Occupation, Trade or Profession? (including Part-Time)			Email:

POLICY DETAILS

Policy Number	Policy Expiry Date
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GOODS AND SERVICES TAX

To ensure you do not incur any unnecessary GST liabilities on this claim please complete these details.

Are you registered for GST purposes?
 No Yes What is your ABN? If you registered and have a ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy?
 No Yes Is the amount claimed less than 100% No Yes Specify the percentage %
 of the GST applicable to the premium? amount claimed

Please note that this information is used by the insurer for their own GST calculations and will not affect your claim.

DETAILS OF WHEN, WHERE AND HOW THE LOSS OR DAMAGE HAPPENED

Date of the loss, or damage, or the date of when it was first discovered.

Where did the loss or damage happen?

How did the loss or damage happen? (if the loss or damage was a result of theft from a building, please state how entry was gained.)

IF THE PROPERTY WAS LOST OR STOLEN, PLEASE ANSWER THE FOLLOWING

Has a thorough search been made and notification been sent to shop owners, hotel proprietors or others who might be able to assist in locating the property?
 If so, please give details.

Describe the nature and extent of damage			
If the loss or damage was caused by someone who is not a member of your household, e.g. a tradesman, please state name and address of the persons company.	Name AddressPostcode		
Were the police notified?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">YES</td> <td style="padding: 2px 10px;">NO</td> </tr> </table> (Delete as appropriate)	YES	NO
YES	NO		
When and at which Police Station was the report made?	Date/...../..... Time Police Station		
Occupancy of the premises (e.g. private house, flat, hotel, shop, etc.)			
Are you the sole occupier?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">YES</td> <td style="padding: 2px 10px;">NO</td> </tr> </table> (Delete as appropriate)	YES	NO
YES	NO		
If NO give details of other occupants			
Were you actually residing there at the time of the loss?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">YES</td> <td style="padding: 2px 10px;">NO</td> </tr> </table> (Delete as appropriate)	YES	NO
YES	NO		
If not, what was the last time and date when you were on the premises prior to the loss?	Time a.m./p.m. Date / /		
If the property is also insured against loss or damage with any other insurer, please state			
Name of Insurer	Policy Number		

PLEASE COMPLETE FOR THIRD PARTY CLAIMS

<i>Details of injury or damage to Third Parties</i>	
(a) Name:	
(b) Address:	
(c) Occupation	(d) Age
(e) Nature and extent of injuries/damage	
(f) Has the third party any relationship to you (e.g. relative/employee)?	
(g) Have you received any correspondence from third parties?	If so, please enclose them with this form.
(h) Have you made any admission of liability?	

DECLARATION

(If a firm, this declaration must be made and signed by a member of the firm, so describing himself)

I/We do hereby declare that the foregoing answers are true and correct, that I/We have in no manner wilfully caused the said loss or by any fraud or misrepresentation sought unjustly to benefit by the said event and that the information detailed in the Schedule appearing on the back hereof is a true and faithful account of the actual loss sustained excluding any profit or advantage.

AND I/We hereby undertake and agree to notify the Company immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of the Company to return the property or to refund the amount of money received by way of compensation in respect thereof.

Dated at this day of 20.....

Signature of Insured

Position with Company (if applicable)

BUILDING DAMAGE - DETAILS OF CLAIM

Estimated full cost of the repairs (including GST)	\$	<input style="width: 95%;" type="text"/>
Actual cost (if all work has been done)	\$	<input style="width: 95%;" type="text"/>
Less GST Input tax credit	\$	<input style="width: 95%;" type="text"/>
How much are you claiming?	\$	<input style="width: 95%;" type="text"/>

If you have obtained estimates or accounts, please attach and send them with the completed claim form.

N.B. If you are still waiting estimates, don't delay sending us the claim form. Tick box if estimates are being obtained and are to be sent later.

If you are not the owner of the building please state

Name of Owner
Address
.....Postcode

Why do you have to pay for the repairs? (e.g. terms of your lease)

.....
.....

SCHEDULE

(1) PLEASE COMPLETE FOR **LOSS** OF PROPERTY /CONTENTS /VALUABLES

DESCRIPTION OF PROPERTY FOR WHICH LOSS IS CLAIMED	OWNER ADDRESS	DATE OF PURCHASE OR ACQUISITION	REPLACEMENT COST (INCLUDE GST)	LESS INPUT TAX CREDIT YOU CAN CLAIM ON THE PURCHASE OF THESE ITEMS AS A % OF THE TOTAL GST PAYABLE	VALUE OF SALVAGE (IF ANY)	AMOUNT OF LOSS OR DAMAGE CLAIMED
TOTAL AMOUNT OF LOSS CLAIMED						\$

Additional Information you may wish to provide should be set out below.

A large rectangular area containing numerous horizontal dotted lines, intended for providing additional information.