



The supply or acceptance of this form is not an admission of liability on the part of Allianz.

Claim Number

Name of insured: _____
 Occupation _____
 Contact person _____
 Home Phone No. _____ Work Phone No. _____ Mobile No. _____
 Email _____
 Postal address _____

 _____ Postcode _____
 Broker/agent name _____ Phone No. _____
 Policy No. _____ Excess \$ _____
 Inception date _____ Expiry date _____

Interested parties: Is the property being claimed for under a financial agreement? Yes No
 Name of financier _____ Contract No. _____

G.S.T.: Are you registered for GST purposes? Yes No A.B.N. _____
 To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

Incident description: What happened, how (eg. if burglary, include how entry was gained and details of forced entry) and the name of any party who caused damage etc?

Date of loss _____ Time of loss _____
 Type of loss _____
 Address where loss occurred _____
 _____ Postcode _____
 Date premises last occupied _____ Name of last occupier _____

Schedule (if insufficient space, provide separate list):

- * Please show the extent to which an ITC can be claimed by you on each item
- * All original repair invoices, quotes or receipts must be submitted to avoid any delays in processing
- * Show all values in **Australian Dollars**

Description of property lost/damaged/stolen (include names of owners of items if not owned by the insured)	Year Purchased	Where Purchased	Replacement or Repair Cost	Amount Claimed	ITC%* Entitlement
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
Total Claimed				\$	

(If insufficient space, attach list).

Property

Police: Have the police been notified? (All burglary/theft/malicious damage claims must be reported) Yes No

Police station Reporting officer

Police report No. Date reported

Security: Give details of any extra precautions or security improvements taken since the loss

Give details of any other action taken to recover or reduce your loss

Third parties: Do you know who was responsible for the damage? Yes No

Name Phone No.

Address

Postcode

Other details (eg registration no.)

Witnesses: Were there any witnesses to the event? Yes No (If yes, please complete the following)

Name Phone No.

Postal address

Postcode

Where was the witness?

Other insurance: Is there any other insurance on the property? (consider travel, medical insurances also) Yes No

Name of insurer

Policy details

History:

Have you had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years? Yes No

Have you ever been convicted of or had any fines or penalties imposed for any criminal offence? Yes No

Have you suffered a loss or made a claim on a property related insurance policy in the last 5 years? Yes No

If yes to any history questions please give details

Privacy: The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters,

external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Monday-Friday and advise us of the changes.

Declaration: I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and

consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured

Date