

Property Claim Form

The supply or acceptance of this form is not an admission of liability on the part of Associated General & Dealer Underwriting Agency Pty Ltd or its security.

Claim Number _____

General Information

Name of insured _____

Occupation _____

Contact person _____

Telephone no. Home () _____ Work () _____ Mobile no. _____

Email _____

Postal address _____

State _____ Postcode _____

Broker/Agent name _____

Telephone 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. _____

GST

Are you registered for GST purposes? Yes No

ABN _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

Incident Description

What happened, how (e.g. 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 ____ AM / PM

Type of loss _____

Address where loss occurred _____

State _____ 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 Repair Cost	Amount Claimed	ITC% Entitlement
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
Total Claimed				\$	

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 _____

Telephone no. () _____

Address _____

_____ State _____ Postcode _____

Other details (e.g. registration no.) _____

Witnesses

Were there any witnesses to the event?

Yes

No

If Yes, please complete the following

Name _____

Telephone no. () _____

Postal address _____

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 Notice

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be used to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at www.agdua.com.au or contact us on (02) 9687 4828 EST 9am-5pm, Monday to Friday.

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 Associated General & Dealer Underwriting Agency Pty Ltd will be unable to process my/our claim.

Signature of Insured _____

Date _____ / _____ / _____