

# Property Claim Form

## Insured Details

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Are you registered for GST? Yes  No  If yes, what is your ABN? \_\_\_\_\_

Have you claimed or do you intend to claim an input tax credit on the GST component of the policy premium?

Yes  No  If yes, will you be claiming an amount less than 100%?

Yes  No  If yes, specify amount claimed: \_\_\_\_\_ %

Are you entitled to claim any input tax credit for repairs to the damage?

Yes  No  If yes, will you be claiming an amount less than 100%?

Yes  No  If yes, specify amount claimed: \_\_\_\_\_ %

## Incident Details

Address of where incident occurred: \_\_\_\_\_

Date and time: \_\_\_\_\_

Incident description: \_\_\_\_\_

## Schedule

Description of property lost or damaged: (Attach a separate list if there are more than 5 items)

Description	Year purchased	Replacement/repair cost	Amount claimed
1 _____	1 _____	\$ _____	\$ _____
2 _____	2 _____	\$ _____	\$ _____
3 _____	3 _____	\$ _____	\$ _____
4 _____	4 _____	\$ _____	\$ _____
5 _____	5 _____	\$ _____	\$ _____

## Police

Have the Police been notified of the incident? Yes  No  (All burglary, theft and malicious damage claims must be reported)

Police Station: \_\_\_\_\_ Reporting Officer: \_\_\_\_\_

Police Report Number: \_\_\_\_\_ 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 the loss: \_\_\_\_\_

## Third Party Details

Do you know who was responsible for the damage? Yes  No  If yes, please provide details below

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Witnesses

Were there any witnesses to the event? Yes  No  If yes, please provide details below

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Other Insurance

Do you hold any other insurance policies under which a claim for this incident may be made? Yes  No

If yes, please provide details below

Name of insurer: \_\_\_\_\_ Policy details: \_\_\_\_\_

## EFT Details

*The insurer may settle your claim by authorising repair or replacement of your damaged or lost property through a repairer or a supplier. However, there will be occasions where a payment will be made to you. In order that they transfer settlement funds direct to your account we request that you provide your banking details.*

Name: \_\_\_\_\_ Bank: \_\_\_\_\_ Account No: \_\_\_\_\_ BSB No: \_\_\_\_\_

**Privacy:** We are committed to protecting your privacy in accordance with the Privacy Act 1998. Our Privacy Policy describes our current policies and practices in relation to the handling and use of personal information. A copy of our Privacy Policy can be obtained from any of our offices, or on our website at [www.mclardymcshane.com.au](http://www.mclardymcshane.com.au)

**Declaration:** I/we certify that the above information and answers are true and complete. I/we understand that the claim may be refused or reduced if information is withheld.

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_