

Thank you for providing us with the notification of your claim. The claim form is attached. Can you please read the following details before completing this form. Please feel free to contact us should you require any assistance

- 1) Please complete and return the attached form to our office. Attach all relevant original quotations, invoices, valuations and receipt of purchases (obtained for the repair/replacement of damaged property). Please also attach any letters of demand or other correspondence that you may receive/have received from a Third Party. Do not attach photocopies.
- 2) For claims involving loss/damage to your own property the appropriate authorities, i.e. Fire Brigade/Police, should be notified and every reasonable effort made to prevent further loss/damage. Damaged property, if any, should not be disposed of without permission of the Insurer or Assessor.
- 3) An assessor could be appointed and you will be advised if this action is taken.
  - Keep in contact with the assessor so the report can be provided to Insurers on time.
  - If there is any matter not receiving prompt attention you should call us immediately.
- 4) Please keep all supporting documentation for your claim for presentation to the Insurer or Assessor, such as original invoices, receipts, owners manual, photos, etc. Quotes from retailers or trade suppliers to replace/repair, itemising the precise nature of their quotation, eg size, type, model, age, hours and cost of labour, cost of parts.
- 5) Where personal injury/property damage to third parties is involved, offer assistance but **DO NOT ADMIT** liability. Advise the party involved to give written details of their claim against you for passing on to your Insurer.
- 6) Please refer to the claim form for more instructions for the management of your claim.

Should you require any further assistance, please contact us.

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# Insurer:

## GENERAL CLAIM FORM

### FOR DOMESTIC OR COMMERCIAL LOSSES

Including Burglary / Theft / Money

The Issue of this Form is not an Admission of Liability by Insurers

Policy # :

Claim # : T / B / A

Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.

## THE INSURED

Name \_\_\_\_\_ Mr, Mrs, Miss, Ms

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Occupation \_\_\_\_\_

Phone Private \_\_\_\_\_ Business \_\_\_\_\_

Fax No. \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Contact Name \_\_\_\_\_

### Are you registered for GST?

No  Yes  > What is your ABN?

	:		:		:		:		:		:		:		:		:		:		:
--	---	--	---	--	---	--	---	--	---	--	---	--	---	--	---	--	---	--	---	--	---

Have you claimed an input tax credit on the GST amount applicable to this policy?

No  Yes  > Is the amount claimed less than 100% No  Yes  > Specify amount

Of the GST applicable to the premium? claimed:  %

Are you entitled to claim an input tax credit for the repairs or replacement of the vehicle?

No  Yes  > Is the amount claimable less than 100% No  Yes  > Specify amount

claimed:  %

## THE PREMISES

Nature of trade or business \_\_\_\_\_

Are the premises owner occupied/rented/leased? \_\_\_\_\_ Age of building (year) \_\_\_\_\_

Type of premises (eg house/unit/factory/store/office, etc) \_\_\_\_\_

If you are a tenant - are you liable for damage under the terms of your lease/tenancy

agreement? \_\_\_\_\_

Construction (eg brick/wood/fibro, etc) \_\_\_\_\_

## **THE LOSS**

Date of loss \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Who discovered loss? \_\_\_\_\_

Address where loss/damage occurred \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_ Phone No. \_\_\_\_\_

What type of property has been lost or damaged? (Eg Buildings, content, stock, etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of damage (eg Storm, water damage, fire, etc) \_\_\_\_\_

How did the loss occur? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **COMPLETE THIS SECTION FOR STORM DAMAGE CLAIMS ONLY**

Through what type of opening did wind, rain or water enter building? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did a storm cause this opening? No  Yes

If "yes", how? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **CLAIM INFORMATION**

Was any person responsible for causing the loss/damage? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Phone No. : Business \_\_\_\_\_ Private \_\_\_\_\_

In your opinion why is that person responsible for the damage? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **ACTION TAKEN (If a Police Matter)**

Which police station was the incident reported to? \_\_\_\_\_

When reported? \_\_\_\_\_

Name of the police officer \_\_\_\_\_ What is the police reference No. \_\_\_\_\_

Has any arrest been made? No  Yes

If "yes", give details \_\_\_\_\_

\_\_\_\_\_

Is anyone suspected of the loss? No  Yes

If "yes", give details \_\_\_\_\_

\_\_\_\_\_

Has any of the property been recovered? No  Yes

If "no", what steps have been taken to recover the stolen property? \_\_\_\_\_

\_\_\_\_\_

## **WITNESS**

Where there any witnesses to the accident?

No  Yes

If "yes", please give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Phone No. : Business \_\_\_\_\_ Private \_\_\_\_\_

## **OTHER INTERESTS**

Does any person or organisation have an interest in the property, which is the subject of this claim?

No  Yes

If "yes", please give details \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_ Phone No. \_\_\_\_\_

Interest (eg Mortgage, Bill of Sale, etc) \_\_\_\_\_

Is there another insurance coverage (including Medical Fund) covering the lost/damaged property?

No  Yes

If "yes", please give details \_\_\_\_\_

\_\_\_\_\_

Insurer \_\_\_\_\_ Policy No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

# **YOUR CLAIMS HISTORY**

Has any person covered under this insurance policy ever sustained a loss during the past five years? No  Yes

If “yes”, please give full details including name of previous insurers.

Date	What Happened	How did it happen	Amount of claim

Date	Name of Insurance Company	Address

## **CLAIMED LOSS/DAMAGE**

DESCRIPTION AND QUANTITY OF PROPERTY FOR WHICH LOSS IS CLAIMED (Include model No.)	Date of Purchase or Acquisition	Original Purchase Price	Deduction for Age and Use	Where Purchased?	Amount Being Claimed	

General remarks (any further information you consider relevant) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To avoid unnecessary delay in processing your claim, it is important that you attach documentation to support :**

- **ownership of all property claimed, eg. Original invoices, owners manuals, photos, receipts, etc...**
- **the repair / replacement of your loss. Eg. Original invoices, receipts, etc... by trade suppliers / repairers – itemising the precise nature of their quotation or work under taken eg. Size, model, type, age, hours, cost of labour, parts, prices...**



## **PRIVACY**

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer 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.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

## **DISPUTE RESOLUTION**

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

## **DECLARATION**

I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and in no matter deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.

Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

I/We acknowledge that I/we have read and understood the Privacy Act 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.

I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_