

GENERAL CLAIM FORM PROPERTY (FIRE / STORM)

IMPORTANT NOTE

THIS FORM MUST BE COMPLETED BY THE POLICYHOLDER

(If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete).

YOUR PRIVACY

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

- We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
- If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
- We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
- Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, information about where the insurer is located is set out below:

Further information about how to access the personal information we hold about, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website: <http://www.pauldonnellybrokers.com.au/privacy-policy/>

CONTACT US

You can contact our Privacy Officer using the details below:

Privacy Officer – Samantha Donnelly
Paul Donnelly Insurance Brokers Pty Ltd
Mail: PO Box 97, Berowra NSW 2081
Location: Suite 1, Jubilee Towers, 107 Pacific Highway, Hornsby NSW 2077
Tel: 02 9482 7422 Fax: 02 9482 7462
Email: pdib@pauldonnellybrokers.com.au

Claim Number:

1. DETAILS OF POLICY HOLDER

Full Name(s) of Insured:	
Address of Insured:	
Contact Telephone Numbers:	Mobile
	Business Hours
	After Hours
	Email

Insurer:	Policy No:	Expiry Date:

Occupation or Trade:	
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2. GENERAL DETAILS OF LOSS / DAMAGE

Where did Event Occur?:	
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Date of Event	/ /	Approx Time of Event:	am/pm
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Brief Description : (including Cause of Loss of Damage)	
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Amount Claimed:	\$
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Is any Third Party Property to blame for Loss or Damage ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, please advise:</i>
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Have you Received, or do you anticipate receiving, notice of any claim from or on behalf of Third Parties ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, please advise:</i>
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If any Witness(es) please provide details	Name(s)	Address(es) including contact number

Were the Police Notified ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<i>If yes, please provide details</i>			
Police Station :		Date	
Name of Police Officer:			

Have you taken any action to recover or reduce your Loss ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, please advise:</i>
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3. OTHER PARTICULARS

Name of Owner of Property Lost / Damaged	
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Name of any other Interested Party (eg Mortgagee, Trustee):	
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Details of any other Insurances covering the Lost / Damaged Property :	
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3. ABN DETAILS

Are you a Registered Business? :	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Please advise your Australian Business Number [ABN]:	
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What Percentage of GST in your Premium did you Claim as an Input Tax Credit for the Period of Insurance in which this Loss occurred:	%
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4. DECLARATION

I declare that the above statements are true, that I have not suppressed or mis-stated any facts. I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify

[Company Name]

in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Full Name of Claimant(s): PLEASE USE BLOCK LETTERS	
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Signature(s)		Dated :	
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Signature(s)		Dated :	
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Payment Details for Electronic Funds Transfer (EFT) of Claim Settlement Should your claim be covered by the terms and conditions of your policy with us, we require you to complete the following fields in order for us to make payment on the claim.

By supplying this information you are directing us to make any payments in this claim to the account nominated below until you notify us in writing otherwise. We collect, use and disclose your personal information in accordance with privacy legislation and our Privacy Policy.

If you wish to obtain further information about how your personal information is being handled by us, please advise us when returning this form to the email address shown below.

In order to avoid delays in payment processing, please ensure the details provided in this form are accurate

4. BANK DETAILS

Account Number :		BSB Number :	
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Account Name:		Name of Bank :	
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Email for Payment Advice Notification : This is the address we will email when payment has been made	
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