



## PROPERTY CLAIM FORM

### POLICY DETAILS

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

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

Policy Expiry Date: \_\_\_\_\_

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

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

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Details: Business Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Bank Account Details (where claim settlements should be paid to)

Name of Bank or Institution: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

BSB Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Australian Business Number (ABN): \_\_\_\_\_

Have you/will you claim an Input Tax Credit (ITC) on your insurance premium? Yes No

Have you/will you claim a total or partial ITC? Total Partial %

### CLAIM OR CIRCUMSTANCE DETAILS

Date of loss, or damage or the date of when it was first discovered: \_\_\_\_\_

Address where the loss or damage happened: \_\_\_\_\_

\_\_\_\_\_

How did the loss or damage happen? If the loss or damage was a result of theft from a building, please state how entry was gained:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give names and addresses of other parties who may have an interest in the Property?

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**IF THE PROPERTY WAS LOST OR STOLEN, PLEASE ANSWER THE FOLLOWING:**

Describe the nature and extent of damage: \_\_\_\_\_

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Was any other person responsible for the loss or damage? If yes, please provide details

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

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

Contact Phone or email: \_\_\_\_\_

Have you made a claim against any other party or person?      Yes      No

Were the Police Notified?      Yes      No

When and at which Police Station was the report made?

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Police Station: \_\_\_\_\_

Occupancy of the premises: \_\_\_\_\_

Are you the sole occupier      Yes      No

If no, please give details of other occupant(s): \_\_\_\_\_

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Were the premises occupied at the time of loss?      Yes      No

What was the last time and date when you were on the premises prior to the loss?

Time: \_\_\_\_\_ am/pm      Date: \_\_\_\_\_

If the property is also insured against loss or damage with any other insurer, please provide the following information:

Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Has a thorough search been made and notification been sent to others who might be able to assist in locating the property? If so, please provide details:

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