



The issue of this form does not constitute an admission of liability on the part of the insurer.

Policy Number

Claim Number

Please complete: **Part A – Compulsory for all claims.**  
**Part B – Relevant sections pertaining to your claim.**  
**Part C – Compulsory for all claims.**

**PART A – COMPULSORY FOR ALL CLAIMS.**

**THE INSURED**

Business Name											
Are you registered for GST?	No <input type="checkbox"/> Yes <input type="checkbox"/>	What is your ABN?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?										
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed	<input type="text"/>	%	<input type="text"/>							
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?										
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed	<input type="text"/>	%	<input type="text"/>							
Nature of Business											
Address										State	Postcode
		Contact Numbers		Business ( )					Private ( )		
		Facsimile ( )					Mobile				

**THE PROPERTY**

Are you the owner of the property being claimed for? Yes  No  – give details

Was there any other insurance covering this damage current at the time of the occurrence? No  Yes  – give details

Name of Insurer  Policy Number

Does any other party have an interest in the damaged property the subject of the claim? (e.g. Mortgagee, Finance Co. leasee) No  Yes  – give details

Name  Telephone ( )

**THE PREMISES**

Where did the loss occur?

Address

State  Postcode

Describe the premises (i.e. Factory, Warehouse, Office Block etc.)

Are the premises tenanted? No  Yes  – give details of tenant

## THE PREMISES

Are you the tenant? No  Yes  – give details of building owner

Were the premises occupied at time of the loss? Yes  No  – give details of when last occupied

Name  Hour  Day  Date  /  /

## INCIDENT DETAILS

Day and Date of Incident  /  /  Between the hours of  am/pm  am/pm

How did the damage/loss occur?

  
  
  
  


Was another person responsible for the damage? No  Yes  – give details

Name

Address

State

Postcode

## DETAILS OF PREVIOUS LOSS OR DAMAGE

Have you ever suffered any loss, damage or theft at this address or elsewhere in the last 5 years? No  Yes  – give details.

Type	Date	Amount
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$

Have you made a claim on any insurer for any of the above mentioned incidents? No  Yes  – give details.

Insurer	Date	Amount
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$

## PART B – COMPLETE RELEVANT SECTIONS PERTAINING TO YOUR CLAIM.

### BREAKAGE OF GLASS – Please attach invoice or quotation

What was broken?

  
  
  


Was the break through the entire thickness of the material? Yes  No

Has the break been repaired? No  Yes  If yes, have you paid the account? Yes  No

Was there damage to window signwriting? Yes  No

## STORM AND WATER DAMAGE

Describe the damage


How did the Wind, Rain or Water enter the premises?


Did the storm cause this opening?

No  Yes  – give details.


## THEFT OR BURGLARY – Please attach original purchase docket, invoices or receipts. If you provide as much proof about owning the items it will help us to process your claim quickly.

How were the premises entered and where was the point of entry?


Which parts of the premises were entered?


Have the police recovered any property?

No  Yes  – give details.


## SECURITY DETAILS

Are any of these used to provide security to the premises?

Keyed window locks on all accessible windows

Grilles on all accessible windows and doors

Fixed Safe

Double keyed deadlocks on all perimeter doors

Perimeter Alarm

Free standing safe

Back to base (please attach activity report)

Internal Alarm

None

Did the device activate as a result of theft?

Yes  No

**ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE.**

## POLICE DETAILS

Have the police been notified?

No  Yes  – by whom

Name

Telephone

Police Station

Date notified

Crime Report No.

**Please attach a copy of Police Report, if available.**

If the damage is the result of fire did the fire brigade attend? Yes  No

