Property Insurance Claim Form



	INSURED	
	POLICY NUMBER	
POLICY DETAILS		
PERSONAL DETAILS		
	FIRST NAME	LAST NAME
	TELEPHONE (DAY)	TELEPHONE (EVENING)
	MOBILE	FAX
	OCCUPATION	
INSURED PREMESIS		
	NUMBER, STREET ADDRESS	CITY / SUBURB
	STATE	POSTCODE
GST		
What percentage of GST or Premium is/has been applied as an input tax credit?		%

CLAIM PARTICULARS

LOCATION / DATE / TIME / DESCRI	PTION		
	NUMBER, STREET ADDRESS	CITY / SUBURB	
	DATE (DD/MM/YY) TIME (DD/MM/YY)	Date Damage Discovered	DATE (DD/MM/YY)
Please describe what happened			
Who discovered the loss or damage?	FIRST NAME	LAST NAME	
Do you consider any other party res	ponsible for the loss or damage?		Yes No
Were there any witnesses to the loss	?		Yes No
At the time of the event, was any oth	her insurance cover in force relevant to the event you are	claiming for?	Yes No
If 'Yes' please advise further:			
If applicable: When were Police advised?	DATE (DD/MM/YY) TIME (DD/MM/YY)]	
Which Police Station?	POLICE STATION	CRIME REFERENCE NUMBER	

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BURGLARY/THEFT CLAIMS					
What was the method of entry and what precautions were in force at the time of loss?					
Please list all items that are subject to this claim					
DESCRIPTION	AGE	COST NEW	COST TO REPAIR	COST TO REPLACE	AMOUNT CLAIMED
LESS EXCESS					\$
TOTAL					\$
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INSURED'S BANKING DETAILS

Note: Settlement will be made via EFT. Please enter bank details below.			
DIRECT DEBIT INFORMATION			
	FIRST NAME	LAST NAME	
	BANK NAME		
	BSB NUMBER	ACCOUNT NUMBER	

If you have received estimates for the cost of repair or replacement of lost or damaged items, at the time of completing this form, these should be attached to this claim form.

If you have receipts for repair work already completed, please attach them to this claim form. Excess will be deducted from the total amount claimed.

Please do not destroy or dispose of the damaged property until we give permission, we may need to inspect it.

PRIVACY Lloyd's and its agent are bound by the obligations of the Privacy Act 1

Lloyd's and its agent are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Private Sector) Act 2000 (the Act). This sets out the basic standards relating to the collection, use, disclosure and handling of personal information.

'Personal Information' is essentially information or an opinion about a living individual whose identity is apparent or can reasonably be ascertained from the information or opinion.

Information will be obtained from individuals directly where possible. Sometimes it may be collected indirectly.

Only information necessary for the arrangement and administration of Lloyd's business by Lloyds, its agents and their representatives will be collected. This includes information necessary to accept the risk, to assess a claim, to determine competitive and appropriate premiums.

Lloyd's and its agents disclose personal information to third parties who they believe are necessary to assist them in doing. These parties will only use the personal information for the purposes we provided it to them for (or if required by law).

When you give Lloyd's and its agents personal information about other individuals, we rely on you to have made or make them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information if you wish and request correction if required. You may also opt out of receiving materials sent by Lloyd's by contacting Miramar Underwriting Agency Pty Ltd on (02) 8962 2700.

Contact details for Mirimar Underwriting Agency are:

Mirimar Underwriting Agency Pty Ltd Level 3, 43-45 East Esplanade, Manly, NSW, 2095 Phone +61 2 8962 2700

Fax +61 2 8962 2799

IMPORTANT INFORMATION

DECLADATION	
DECLARATION	

 $I/We \ confirm \ that \ the \ information \ provided \ is \ true \ to \ the \ best \ of \ my/our \ knowledge \ and \ hereby \ claim \ the \ amount(s) \ shown \ above.$

Candidate	NAME	TITLE
	X	DATE (DD/MM/YY)
	SIGNATURE	

You should retain a copy of all information supplied to the insurers.

Please return your fully completed claim form to:- Your Broker.

Please use a separate sheet of paper if you need more space to complete any question.

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