

HOME INSURANCE CLAIM FORM



Important Information

The information requested and document mentioned in this form are a general guide. Further documents or information may be required depending on the circumstances of your claim. Note that failure to provide supporting documentation may result in delays in the processing of your claim.

Your Policy may not provide cover under every section shown in this Claim Form.

Section A: Particulars of Policyholder / Insured Person

Name of Insured Person

Address of Insured Person

Post Code

Policy No.

Period of Insurance From _____ To _____

Tel No. (Mobile)

Date of Birth

Gender Male Female

Email

Section B: Payment Details

Please provide details for payment of your claim in the event that the claim is deemed payable.

Electronic Funds Transfer

Payee Name (as per bank account name)

Name of Bank

BSB Account No.

If no name is provided, settlement will be effected to the payee as provided for under the terms of the policy.

Section C: Details of Loss

Place of Loss

Date of Loss

Time of Loss

Describe how the incident / loss took place (Please use supplementary sheet if necessary.)

When and by whom was the loss discovered

Relationship of person to the Insured

Were there witnesses to the incident? Yes No

If **Yes**, please provide details below:

Witness 1

Witness 2

Name

Address

Contact Number

Section D: Police Report

Please note:

1. The Police must be informed immediately if the property has been lost or maliciously damaged.
2. A copy of the Police Report / Statement must be attached.

Were particulars of loss taken by or reported to the Police? Yes No

If **Yes**, please furnish with details below:

Name of Police Station

Date of Report

Time of Report

If No, please state reason(s) that the Loss was not reported to the Police:

Section E: Details of Property Destroyed , Damaged and/or Lost

Please note:

1. Property damaged, lost or stolen are to be described in detail.
2. Receipts showing date, price / cost, and place of purchase of the article / item set out below should accompany this form.
3. The Insured must promptly take all possible steps to trace /recover the property lost.
4. If the claim is for damage, an estimate for repair should be submitted. If the property is not repairable, a letter from repairers to that effect should be forwarded. (This may or may not be applicable depending on the terms of your policy. Please read your policy to check the provisions for damaged insured equipment.)
5. All salvage must be retained.
6. In the case of damaged property, a set of photographs depicting the damage is to be submitted to us.

(Please use supplementary sheet if necessary)

Description of Property Lost or Damaged	Quantity	Original Purchase Price	Purchase Date	Value at Time of Loss After Deduction for Wear and Tear	Amount Claimed (If Applicable)
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Total Amount Claimed (\$)

Did you remove or save any property immediately before or during the occurrence? Yes No

If **Yes**, how much and where is it located now?

Are you the sole owner of the property / article lost or damaged? Yes No

If **No**, please state name, address and relationship of other owner(s)

Is the device under warranty? Yes No

If **Yes**, please provide period of warranty:

Section F: Legal Liability

(Please use supplementary sheet if necessary)

Details of all Person(s) Injured				
Name, Address and Contact No. of Person Injured	Nature of Injuries / Remarks	Age	Relationship to Insured	Occupation

(Please use supplementary sheet if necessary)

Details of all Properties Damaged				
Name, Address and Contact No. of Owner of Property Damaged	Relationship to Insured	Name and Extend of Property Damaged	Approximate Value of Property Damaged	Estimated Cost of Repairs to the Property Damaged

Has any claim been made upon you? Yes No

If **Yes**, please state details and attach all communications received from third party claimant(s)

Have you admitted responsibility in any way? Yes No

If **Yes**, please state the reason(s) for doing so

Section G: Others

Please specify details of other claim(s) not declared in Section E and F.

(Please use supplementary sheet if necessary)

Details of Claim	Amount Claimed
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Section H: Any Other Insurance

Are there any other policies of insurance in force covering you or the subject matter in respect of this event? Yes No

If **Yes**, please specify below

Name and Address of Insurance Company(s)

Policy No(s).

Are you claiming under any of the policies listed above?

Yes

No

Section I: Claims History

Have you or any Insured person previously made claim(s) for loss / damage or caused damage / injury to third parties?

Yes

No

If **Yes**, please furnish with details below

(Please use supplementary sheet if necessary)

Name of Insurer	Claim No.	Date of Loss	Nature of Loss	Amount Paid
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Section J: Declaration

Did you remember to enclose the following? (Where applicable)

	Document	Yes	NA
Police Report			
Original purchase receipts, warranty card and photographs (for Loss and / or Damage of personal property claim)			
Documents with relevant authorities concerned (for Damage of personal property claim)			
Repair quotations or written confirmation issued by the repairer stating property is beyond repair			
Relevant Receipts (for communication and / or Replacement Cost)			
Letter from the third party concerned (for Legal Liability claim)			

Privacy: The Privacy Act 1988 requires us to tell you that your insurer will collect your personal and sensitive information in order to calculate your loss and entitlements, determine their liability, compile data and handle claims. When handling claims, they 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.

You have the right to seek access to your personal information and to correct it at any time.

Internal Dispute Resolution (IDR) Statement: Disputes are not an everyday occurrence with any insurers. However all 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 this process, your insurer will advise you how to contact their external independent complaints scheme. (subject to eligibility).

I / We certify that the information given in this form is truthful, accurate and complete. No information likely affect this claim has been withheld.

I / We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I / We acknowledge that I / we have read and understood the Privacy Act 1988 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, with their approval.

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

Name of Policyholder

Signature

Date

Name of Insured Person (if different from Policyholder)

Signature of Insured Person

Date