

REPORT OF LOSS AND / OR DAMAGE TO
PROPERTY
CLAIM REPORT



Please answer all questions as fully as possible, using the spaces provided as well as additional pages where required.

Claimant Details

Name of Insured

Trading as name

Policy Number

Address of Insured Property

Contact Details

Date of Loss, Theft or Damage

Location of Loss, Theft or Damage (if different from Insured Property).

Please state fully the circumstances of the event which has given rise to this claim.

(If the event is a theft from the insured property, please provide details on how entry was gained.)

If claiming for loss or damage resulting from theft, the date the matter was reported to the police.
(Please attach a copy of the police report.)

Please list all items and property lost, stolen or damaged here and the following pages.

Full details of item including, make and model

Date of Purchase

Claimed Amount

Any additional remarks or comments.

GST (Only applies if your policy was purchased for business purposes)

- | | | | |
|----|---|-------------|----|
| 1. | Have you claimed or do you intend to claim an Input Tax Credit (ITC) in respect of the GST paid on the insurance premium for this policy? | Yes | No |
| 2. | If Yes, what percentage of the GST did you claim, or are you intending to claim? | Insured ITC | % |

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 rights 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).

Declaration

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

Signature

Date

PLEASE EMAIL THE COMPLETED CLAIM FORM AND SUPPORTING DOCUMENTS TO YOUR AUTHORISED REPRESENTATIVE OR EMAIL TO claims@giba.com.au