

INDUSTRIAL SPECIAL RISKS CLAIM FORM

Please print in **BLOCK** letters and answer all questions. This form should be promptly returned along with any other documents or reports relating to the incident (including photographs where possible). If the space provided below is insufficient to advise all the details, please attach a separate sheet.

IMPORTANT INFORMATION

- Sub-Limits apply under the policy which may restrict the amount payable, please contact us if you have any questions
- The Insurer in most cases will check the circumstances and damage before they authorise repairs or pay claims
- The Insurer may appoint a loss adjuster or investigator or contact you for more information
- Do not authorise repairs yourself, if you require assistance or there is urgency please contact us to discuss
- If possible, retain any damaged items, as the Insurer may need to inspect them before settling your claim
- Please attach evidence of ownership for stolen items when lodging your claim otherwise the Insurer may reduce the amount payable
- Please attach original quotations for repair or replacement of items with your claim form
- Please take photos of any damage to your premises or property immediately and submit with your claim

INSURED'S DETAILS

Policy Number (from your schedule) _____ Expiry Date _____

Name Of Insured (other than trading name) _____

Address _____

Trading Name Of Business _____

Contact Name _____

Telephone No. _____ Mobile No. _____ Email _____

1. Are you registered for GST Purposes? _____ What is your ABN? _____ ITC Percentage? _____

CLAIM DETAILS

2. Date of loss, theft or damage? _____ Time _____ a.m. _____ p.m. _____

3. Date you first became aware of the loss, theft or damage? _____

4. Please describe how the loss, theft or damage occurred

5. Address where the loss, theft or damage happened _____

6. Are you the only occupier of the premises? _____ If "No" please provide details

7. Who discovered the loss, theft or damage? _____

Date _____ Time _____ a.m. _____ p.m. _____

8. Do you know who is responsible for the loss or theft of, or damage to your property? _____ If "Yes" provide information *

* Please include information such as Name(s), address(es) and any other information about the person(s) responsible

CLAIM DETAILS (continued)

9. Was there any witnesses to the loss, theft or damage? _____ If "Yes" provide information below *

* Please include information such as Name(s), address(es), phone number(s) and any other information about the witness(es)

10. Were your premises broken into? _____ If "Yes" provide information below

When were the premises last occupied? Date _____ Time _____ a.m. _____ p.m. _____

Were the premises securely locked? _____

How was entry gained (e.g. window broken, door forced)? _____

Have steps been taken to improve security of your premises? _____

You must report any loss, theft or vandalism of property to the Police. The Insurer may need to apply to the Police for a copy of the report.

11. Name of Police Station where you reported it? _____

Name of Police Officer _____

Police offence report no. _____ Date Reported _____

You must report any loss, theft or vandalism of property to the Police. The Insurer may need to apply to the Police for a copy of the report.

12. Name of fire station where you reported it? _____ Date Reported _____

13. Please list the details of your lost, stolen or damaged property on the page provided at the end of this claim form

14. Is the property repairable?

Yes Attach a quote for the repairs.

No Attach original receipts, valuations, quote for replacement or a certificate from an authorised repairer that the item is unrepairable.

15. Do you owe money on the property lost, stolen or damaged? _____ If "Yes" provide information below

Lender's name _____ Amount \$ _____

Address _____

16. Some of the property lost, stolen or damaged may be covered under other policies, including health insurance. Please list any other insurance you have which might cover these items.

Name of the Insurer _____

Policy number & Type of Insurance _____

Address _____

17. Have you had any previous losses or made any claims for loss, theft or damage on any insurer in the past five years, whether you claimed on them or not? _____ If "Yes" provide information below

Details	Value	Date Of Loss	Insurer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Has any Insurer refused or cancelled cover or required special terms to insure you? _____ If "Yes" provide information below

19. Have you been charged with or convicted of any criminal offence in the last 10 years? _____ If "Yes" provide information below

COLLECTION OF BANK ACCOUNT DETAILS

The following section is to provide your bank account details so that the Insurer, if able to, can arrange direct credit to your nominated bank account. By signing this form you are directing your Insurer to make any payments relating to this claim to the account nominated below until you notify us in writing otherwise.

Please ensure account details are accurate. The submission of incorrect details may result in delayed settlement of your claim.

Your Bank BSB Number: _____

Your Bank Account Number: _____

Name Of Bank: _____

Branch Where Account Is Held: _____

Bank Account Name: _____

DECLARATION

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to the Insurer using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however the Insurer may not be able to process my claim.

* I consent to the Insurer disclosing my personal information to other Insurers, an insurance reference service or as required by law. I consent to the Insurer also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisers.

* This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.

Signature of insured

Date

Print name

Description Of Claimed Items

Item No.	Describe fully each item lost, stolen or damaged	Owner of this item	Where was the item purchased from?	Month/Year received or purchased?	Purchase price?	Input tax credit you can claim on the repair or replacement of these items as a % of the total GST payable?	Amount claimed?
1					\$		\$
2					\$		\$
3					\$		\$
4					\$		\$
5					\$		\$
6					\$		\$
7					\$		\$
8					\$		\$
9					\$		\$
10					\$		\$
11					\$		\$
12					\$		\$
13					\$		\$
14					\$		\$
15					\$		\$
16					\$		\$
17					\$		\$
18					\$		\$
19					\$		\$
20					\$		\$
21					\$		\$
22					\$		\$
23					\$		\$
24					\$		\$
25					\$		\$