

Suites 3-4/73 Robinson Street, Dandenong, Victoria 3175
PO Box 7013, Dandenong, Victoria 3175

Phone: 1300 694 470 Fax: (03) 9791 1660 Email: info@cmib.com.au

mail: info@cmib.com.au www.cmib.com.au

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

Name Of Insured (other than trading name) Address Frading Name Of Business Contact Name Felephone No. Mobi Are you registered for GST Purposes? CLAIM DETAILS Date of loss, theft or damage? B. Date you first became aware of the loss, theft B. Please describe how the loss, theft or damage		What is your ABN?	Email _	ITC Percentage?
Contact Name Celephone No. Mobi Are you registered for GST Purposes? CLAIM DETAILS Date of loss, theft or damage? B. Date you first became aware of the loss, theft	t or damage?	•	_	
Contact Name Telephone No. Mobi Are you registered for GST Purposes? CLAIM DETAILS Date of loss, theft or damage? B. Date you first became aware of the loss, theft	t or damage?	•	_	
CLAIM DETAILS 2. Date of loss, theft or damage? 3. Date you first became aware of the loss, theft	t or damage?	•	_	
Are you registered for GST Purposes? CLAIM DETAILS 2. Date of loss, theft or damage? 3. Date you first became aware of the loss, theft	t or damage?	•	_	
CLAIM DETAILS 2. Date of loss, theft or damage? 3. Date you first became aware of the loss, theft		•	a.m.	
2. Date of loss, theft or damage? B. Date you first became aware of the loss, theft		Time	a.m	p.m
B. Date you first became aware of the loss, thef		Time	a.m	p.m
l. Please describe how the loss, theft or damag	ge occurred			
5. Address where the loss, theft or damage hap	ppened			
3. Are you the only occupier of the premises?	- <u></u> ,	If "No" please provid	le details	
7. Who discovered the loss, theft or damage?				
Date Time		a.m p.m.	·	
B. Do you know who is responsible for the loss	or theft of, or da	mage to your propert		If "Yes" provide information below *
				·
Please include information such as Name(s), a	address(es) and a	any other information	n about the person(s) responsible

Then were the premises last occupied? Date	. Was there any witnesses to the loss, theft or damage?			If "Yes" provide inform	nation below	
then were the premises last occupied? Date	Please include information such as Name(s), address(es), pl	hone number(s) and any	other information	n about the witness(es)		
then were the premises last occupied? Date						
Vere the premises securely locked? Itow was entry gained (e.g. window broken, door forced)? Itawe 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. 1. Name of Police Station where you reported it? Itame of Police Station where you reported it? Itame of Police officer Itame of Police Station where you reported it? Itame of Police office report no. 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. 2. Name of fire station where you reported it? 3. Please list the details of your lost, stolen or damaged property on the page provided at the end of this claim form 4. 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. 5. Do you owe money on the property lost, stolen or damaged? If "Yes" provide information below unknew which might cover these items. Items of the Insurer Policy number & Type of Insurance Underes 7. Have you had any previous losses or made any claims for loss, theft or damage on any insurer in the past five years, whether our claimed on them or not? If "Yes" provide information below Insurer Details Yalue Date Of Loss Insurer If "Yes" provide Information below Insurer If "Yes" provide Information below Insurer Also any Insurer refused or cancelled cover or required special terms to insure you? If "Yes" provide Information below Insurer If "Yes" p	0. Were your premises broken into?			If "Yes" provide information below		
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	Details Value	e Date O	f Loss	Insurer		
9. Have you been charged with or convicted of any crimial offence in the last 10 years? If "Yes" provide information below	8. Has any Insurer refused or cancelled cover or required sp	ecial terms to insure you	ı?	If "Yes" provide inform	nation below	
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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 infromation. 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

COLLECTION OF BANK ACCOUNT DETAILS

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					\$		\$