

HOME INSURANCE CLAIM

For Theft, Loss, Glass, Fire, Impact and Other Damage Claims

This form is for making claims for stolen, lost or damaged property. If your claim is for a motor vehicle, illness, personal injury or machinery, or if it is a claim on a travel policy, you need a different form.

Please answer all questions. This will help us process your claim quickly. If you need more space to answer any of the questions, please use a separate sheet of paper. Any attachments will form part of this claim report and the declaration will include them.

Policy Number Expiry Date

Insured Name (Surname, company or partnership)

Given name(s) of insured Contact person (for company or partnership claims)

Occupation

Are you registered for GST purposes? Yes No

If Yes, What is your ABN?

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?

Yes No If Yes, is the amount claimed or intended to be claimed less than 100% of the GST that applies to the premium? Yes No If Yes, specify the percentage amount claimed or intended to be claimed %

Address

Post Code After Hrs Phone Bus Hrs Phone

Fax

When did the loss, theft or damage occur?

Date Time am/pm

Please describe what happened

Address where loss, theft or damage occurred

Postcode

Are you the sole occupier of your premises? Yes No

If No, please provide details

Name the person who discovered the loss, theft or damage?

Date discovered

Time

am/pm

Do you know who is responsible for the loss, theft or damage to your property?

Yes No If Yes, please provide name(s), address(es) and any other information about the person (s) responsible

Were there any witnesses to the loss, theft or damage?

Yes No

If Yes, state the following:-

* Name of witness Ph

Address Postcode

* Name of witness Ph

Address Postcode

Were your premises broken into? Yes No

If Yes, when were the premises last occupied?

Date Time am/pm

Were the premises securely locked?

How was entry gained?
(eg. window broken, door forced?)

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

**You must report any loss, theft or vandalism of property to the police.
We may need to apply to the police for a copy of the report.**

Name of police station where you reported this incident

Name of police officer Police offence report no.

Date reported

You must report any loss caused by fire to the brigade.

Name of fire station where you reported this incident

Date reported

Please list the details of your lost, stolen or damaged property on the following page:-



Is the property repairable? Yes No If Yes, attach a quote for the repairs

If No, attach original receipts, valuations, quote for replacement or a certification from an authorised repairer that the item is unrepairable

Do you owe money on the property lost, stolen or damaged? Yes No

If Yes, please state Lender's name Approx amount owing \$

Lender's Address

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 No.

Type of insurance

Address Postcode

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 for them or not? Yes No

If Yes, please state what occurred:-

	Value	Date of Loss	Insurer
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

Has any insurer refused or cancelled cover or required special terms to insure you? Yes No

If Yes, state what occurred

Have you been charged with, or convicted of, any criminal offence in the last ten years? Yes No

If Yes, please state details

Declaration (must be completed)

I the insured do solemnly and sincerely declare that I have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on the form is true and that I have not concealed any information relating to this claim.

I consent to the broker and 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 broker and insurer may not be able to process my claim.

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

**Signature of Insured or person with authority to sign
for and on behalf of a company or partnership**

Date

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

Please state the number of extra pages attached to this claim report



ARMBRO

INSURANCE BROKERS PTY LTD ABN 80 006 499 181

Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I /We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on the form is true and that I/We have not concealed any information relating to this claim.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I consent to the broker and 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 broker and insurer may not be able to process my claim.
4. *I consent to the broker and insurer disclosing my personal information to other insurers, an insurance reference service, or as required by law. I consent to the broker and insurer also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signature: _____

Date: _____

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



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