



Property claim form

The supply or acceptance of this form is not an admission of liability on the part of Allianz Australia Insurance Limited.

Claim number _____ (Office Use Only)

Name of insured _____

Occupation _____

Contact person _____

Home phone no. () _____ Work phone no. () _____ Mobile no. _____

Email _____

Postal address _____

Postcode _____

Broker/agent name _____ Phone no. () _____

Policy No. _____ Excess \$ _____

Inception date / / Expiry date / /

Interested parties:

Is the property being claimed for under a financial agreement? Yes No

Name of financier _____ Contract No. _____

GST:

Are you registered for GST purposes? Yes No A.B.N. _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

Incident description:

What happened, how (eg. if burglary, include how entry was gained and details of forced entry) and the name of any party who caused damage etc?

Date of loss / / Time of loss _____

Type of loss _____

Address where loss occurred _____

Postcode _____

Date premises last occupied / / Name of last occupier _____

Schedule (if insufficient space, provide separate list):

- Please show the extent to which an ITC can be claimed by you on each item
- All original repair invoices, quotes or receipts must be submitted to avoid any delays in processing
- Show all values in Australian Dollars

Description of property lost/damaged/stolen (include names of owners of items if not owned by the insured)	Year Purchased	Where Purchased	Replacement or Repair Cost	Amount Claimed	ITC%* Entitlement
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			Total claimed	\$	

(If insufficient space, attach list).

Police:

Have the police been notified? (All burglary/theft/malicious damage claims must be reported)

Yes No

Police station _____ Reporting Officer _____

Police report No. _____ Date reported _____

Security:

Give details of any extra precautions or security improvements taken since the loss _____

Give details of any other action taken to recover or reduce your loss _____

Third parties:

Do you know who was responsible for the damage?

Yes No

Name _____ Phone No. () _____

Address _____

Postcode _____

Other details (eg. registration no.) _____

Witnesses: Were there any witnesses to the event? Yes No (If yes, please complete the following)

Name _____ Phone No. () _____

Postal Address _____

Postcode _____

Where was the witness? _____

Other insurance: Is there any other insurance on the property? (consider travel, medical insurances also)

Yes No

Name of insurer _____

Policy details _____

History:

Have you had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years?

Yes No

Have you ever been convicted of or had any fines or penalties imposed for any criminal offence?

Yes No

Have you suffered a loss or made a claim on a property related insurance policy in the last 5 years?

Yes No

If yes to any history questions please give details _____

Privacy:

The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we 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. Please contact us on (02) 9966 8820 and advise us of the changes.

Declaration:

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to 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 not agree to the collection of this personal and sensitive information then we will be unable to process my/our claim.

Signature of Insured _____ Date ____ / ____ / ____