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| **PROPERTY CLAIM FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurer | | | |  | | | | | | | | | | | Claim Number | | | | | | |  | | | | | | | | | | | | | |
| Policy Number | | | |  | | | | | | | | | | | Excess | | | | | | | $ | | | | | | | | | | | | | |
| Name of Insured: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Person: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile Number | | | |  | | | | | | | | | | | Work Number | | | | | | |  | | | | | | | | | | | | | |
| Email: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | Postcode: | | | | | | |  | | | | | | | | |
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| **Interested Parties** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | |  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | |
| Is the property being claimed for under a Financial Agreement? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | No | |  | |
| Name of Financier | | |  | | | | | | | | | | Contact Number | | | | | | | | | | |  | | | | | | | | | | | |
|  | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| **G.S.T.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are you registered for GST purposes? | | | | | | | | Yes | | |  | No | | | |  | | ABN Number | | | | | | | | |  | | | | | | | | |
| 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 partly who caused damage etc.? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| * 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 days in processing * Show all values in **Australian Dollars** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of property lost/damaged/stolen (Include names of owners of items if not owned by insured) | | | | | | Year Purchased | | | | Where Purchases | | | | | | | Replacement or Repair Cost | | | | | | Amount Claimed | | | | | | ITC% Entitlement | | | | | |
|  | | | | | |  | | | |  | | | | | | | $ | | | | | | $ | | | | | |  | | | | | |
|  | | | | | |  | | | |  | | | | | | | $ | | | | | | $ | | | | | |  | | | | | |
|  | | | | | |  | | | |  | | | | | | | $ | | | | | | $ | | | | | |  | | | | | |
|  | | | | | |  | | | |  | | | | | | | $ | | | | | | $ | | | | | |  | | | | | |
|  | | | | | |  | | | |  | | | | | | | $ | | | | | | $ | | | | | |  | | | | | |
|  | | | | | |  | | | |  | | | | | | | $ | | | | | | $ | | | | | |  | | | | | |
|  | | | | | |  | | | |  | | | | | | | $ | | | | | | $ | | | | | |  | | | | | |
| (In insufficient space, attach list. | | | | | | | | | | | | | | | | | Total Claimed | | | | | | $ | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Police** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | |  | |
| Have the Police been notified? (All Burglary/Theft/Malicious Damage claims must be reported | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | |  | | | No | |  | |
| Police Station | | | | |  | | | | | | | | | Reporting Offices | | | | | | | | | | | |  | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Third Parties** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | |  | |  | | |  | | |
| Do you know who was responsible for the damage? | | | | | | | | | | Yes | | | |  | | No | | |  | | |
| Name | |  | | | Phone No. | | | |  | | | | | | | | | | | | |
| Postal Address | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Postcode | |  | | | | | | | | | | | | |
| Other details ( eg registration no.) | | | | | | | | | | | | | | | | | | | | | |
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| **Witnesses** | | | | | | | | | | | | | | | | | | | | | |
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| Where there any witnesses to the event? If yes, please complete the following | | | | | | | | | | | Yes | |  | | | | No | | |  | |
| Name |  | | | Phone Number | | | | | | |  | | | | | | | | | | |
| Email Address |  | | | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Postcode | | | | |  | | | | | | | | | | |
| Where was the witness? | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Second Witness** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | |  | | | |  |  | | | |
| Name |  | | | Phone Number | | | | | | |  | | | | | | | | | | |
| Email Address |  | | | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Postcode | | | | |  | | | | | | | | | | |
| Where was the witness? | | |  | | | | | | | | | | | | | | | | | | |
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| **Other Insurance** | | | | | | | | | | | | | | | | | | | | |
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| Is there any other insurance on the property? | | | | | | | | Yes | | | |  | | | No | | | |  | |
| (consider Travel, Medical Insurances also) | | | | | | | | | | | | | | | | | | | | |
| Name of Insurer | |  | | | | | | | | | | | | | | | | | | |
| Policy details | |  | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | |
| Name of Insurer | |  | | | | | | | | | | | | | | | | | | |
| Policy details | |  | | | | | | | | | | | | | | | | | | |

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| **History** | | | | | | | | | | | | | |
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| Have you any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years? If yes, please provide details. | | | | | | | | Yes | |  | No |  | |
|  | | | | | | | | | | | | | |
| Have you ever been convicted of or had any fines or penalties imposed for any criminal offence? If yes, please provide details | | | | | | | | Yes | |  | No |  | |
|  | | | | | | | | | | | | | |
| Have you suffered a loss or made a claim on a property related insurance policy in the last 5 years? If yes, please provide details | | | | | | | | Yes | |  | No |  | |
|  | | | | | | | | | | | | | |
|  |  | |  |  |  | |  | | | | | |
| **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, complete 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 of 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 1300 73 9861 between 9am – 5apm, Monday-Friday and advise us of the changes. | | | | | | | | | | | | | |
| **IDR Statement:**  Disputes are not an everyday occurrence at Allianz. However, we do 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 we will advise you how to contact the insurance industry’s external independent complaints scheme (subject to eligibility). | | | | | | | | | | | | | |
| **Declaration:**  I/We certify that the information given in this form is truthful, accurate and compete. No information likely to affect this claim has been withheld. I/We understand that this claim maybe 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 the insurer will be unable to process your/our claim. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Signature of Insured | |  | | | | Date | | |  | | | | |
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| **GST Information Declaration Form** | | | | | | | | |
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| Claim Number | |  | | | | | | |
|  | | | | | | | | |
| 1. Are you registered for GST Purposes? (If No, go to 6.beow) | | | | | Yes |  | No |  |
| 2. If yes, what is your ABN? | |  | | | | | | |
| 3. Have you claimed an Input Tax Credit (ITC on your insurance premium? | | | | | | | | |
| 4. If yes, what is the ITC claimed ( as a percentage of GST payable)? % | | | | | | | | |
| 5. What ITC are you entitled to claim on the terms below (if there is insufficient space to cover all items, please attach a separate sheet with details). | | | | | | | | |
|  | | | | | | | | |
| Item | | | ITC % | Item | | | ITC % | |
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| 6. I declare the above information is true: | | | | | | | | |
|  | | | | | | | | |
| Name (please print) |  | | | | | | | |
| Signature |  | | | | | | | |
| Date |  | | | | | | | |