

THE APPLICANT/S

Name of insured			
Postal address			
Suburb	State	Postcode	
Phone (hm)	Phone (business)		
Email	Mobile		
Policy No.	Expiry date		

IMPORTANT INFORMATION

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company.

Please provide complete details to the questions asked on this form. If there is insufficient space for your answers please attach a separate page.

Please send the completed claim as soon as possible to your insurance advisor or broker.

SECTION A INCIDENT DETAILS

Date of occurrence	Where did the event occur?
Time	Suburb State Postcode
Please describe what happened	
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.....	
.....	
.....	
.....	
.....	

SECTION B POLICE

Have you reported the incident to the police? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>(if yes, provide details)</small>	Police Station	Date
.....	Police Report No.	Time
.....		

SECTION C BURGLARY / THEFT

Was any part of the property broken into? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how was entry gained? Please provide details.

SECTION D OWNERSHIP AND OTHER INSURANCE

Are you the sole owner of the damaged or lost property? <input type="checkbox"/> No <input type="checkbox"/> Yes	If no, please provide details.

Are you able to make a claim with another insurance company for any of the property you are claiming now? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide the name of the insurer

SECTION E RESPONSIBLE PARTY

Do you know the name and address of the party that may be responsible for this incident? If you do, please provide details below.

Witness name	If damage caused by a vehicle, please provide the following:		
Address	Make		
Suburb State Postcode	Model	Colour	
Phone	Name of insurer		

SECTION F WITNESSES

Witness name				Additional witness name			
Address				Address			
Suburb	State	Postcode		Suburb	State	Postcode	
Phone		Relationship (eg employee)		Phone		Relationship (eg employee)	

SECTION G SCHEDULE

Please provide full details of your loss. If there is insufficient space below please attach a separate piece of paper with the details.

Description of property damaged / stolen / lost	Date purchased	Replacement value	Repair costs (if damaged)	Amount claimed
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

To avoid delays in processing your claim Please attach all original repair or replacement quotes to this form. Proof of ownership is required for stolen or lost items i.e purchase invoices, receipts, valuations, operating manuals etc.

SECTION H PREVIOUS CLAIMS

In the last three years, have you had any property damaged lost or stolen? No Yes

If yes, please provide details.

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SECTION I GOOD AND SERVICES TAX

Please complete the declaration below and advise us of your GST status.

I /We declare that the items claimed on this form are used solely for <input type="checkbox"/> Private/Domestic purposes <input type="checkbox"/> Business purposes	Please provide details if only part of your claim relates to property used for business purpose.	
	
Please provide details of your GST status <input type="checkbox"/> Not entitled to Input Tax Credit <input type="checkbox"/> Entitled to % Input Tax Credit	Please provide your ABN number if you are entitled to an Input Tax Credit ABN	
Have you claimed an Input Tax Credit for this policy? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, percentage claimed %	

Funds transfer

In the majority of cases we will settle your claim by authorising repair or replacement of your damaged or lost property through a repairer or a supplier. However, there will be occasions where a payment will be made to you.

In order that we may transfer settlement funds direct to your account we request that you provide your banking details.

Bank	
Account number	BSB

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 authorise The Hollard General Insurance Company Pty Ltd to give to, or obtain from, other insurers or any insurance reference bureau, any information relating to this claim or any other claim made by me/us or any insurance held by me/us.
- I/We agree to immediately notify The Hollard Insurance Company Pty Ltd if any stolen or lost property forming part of this claim is recovered or found.

Insured's title

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Insured's signature

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Date

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