

SUREWISE

INSURANCE | INTEGRITY | INNOVATION

Property Claim Form Burglary/Theft/Fire & Perils/Transit

If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.

Your Privacy

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.

If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.

We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.

Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, information about where the insurer is located is set out below:

By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above. You understand that any personal and sensitive information disclosed to organisations located overseas may not be protected in the same way as it is in Australia. Even though we have no control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above.

Further information about how to access the personal information we hold about you, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website:

www.surewise.com.au

Contact us

You can contact our Privacy Officer using the details below:

Privacy Officer 1st Floor 50 Hindmarsh
Square Adelaide SA 5000
PO Box 6095 Halifax Street
Adelaide SA 5000

Phone 08 8413 6300
Facsimile 08 8211 9838
claims@surewise.com.au

Newmarket Grandwest Pty Ltd

ACN 072 168 588 ABN 42 072 168 588 AFS License Number 296193

Level 1, 50 Hindmarsh Square, Adelaide SA 5000 **t** 08 8413 6300 **f** 08 8211 9838

e claims@surewise.com.au **w** www.surewise.com.au

1. Details of Policyholder

Full Name

Occupation or Trade

Address

Telephone (A/H)

Telephone (B/H)

Email Address

Insurer

Policy Number

Sum Insured

\$

Account Manager

Expiry Date

Client Code

2. General Details of Loss/Damage

Location of loss/damage

Date of loss/damage

Approx time of loss/damage

Are you the owner of the lost/damaged property?

Yes

No

If No, please state name(s) and address(s) of all other parties and their interest in the property:

Was the lost/damaged property:

If yes to either/both, please give details

i. subject to a Lease or an Agreement?

Yes

No

ii. covered under another insurance policy?

Yes

No

What steps have been taken to recover the lost property or minimise damage to the property?

Describe as fully as possible the circumstances and cause of the loss/ damage.

How was the loss/damage discovered?

Were the Police notified?

Yes

No

If Yes, please state:

Date reported to Police

Approximate time of report

Name of Police Station

Name of Officer

Report Number

Has any property been recovered?

Yes

No

If Yes, please give details:

Was any other party responsible for the loss/damage?

Yes

No

If Yes, please give details:

Has anyone been charged for the loss/damage?

Yes

No

If Yes, please give details:

3. Complete This Section For Personal Valuables / Burglary / Theft

How was the premises entered?

Were the premises occupied at the time of loss?

Yes

No

If No, please state:

(i) date last occupied

(ii) approx. time last occupied

4. Complete This Section For Fire / Damage To Premises

Who was in the premises at the time of damage?

For what purpose?

5. Complete This Section For Transit Loss / Personal Baggage

Total value of goods carried

\$

Name of vessel or steamer

If travelling by road/air/rail, please advise name of carrier and tour agent

6. Statement of Claim

Description of Property /Article lost, stolen, damaged or destroyed

Date of Purchase

Purchase Price

Replacement Cost

Net Amount Claimed

Description of Property /Article lost, stolen, damaged or destroyed	Date of Purchase	Purchase Price	Replacement Cost	Net Amount Claimed

7. ABN Details - Complete for ALL claims

Are you a registered business?

Yes

No

What is your ABN number?

What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?

In the past 5 years, has the Policyholder:

i. been convicted of, or had any fines or penalties imposed for any crime?

Yes

No

ii. had an insurance policy declined, cancelled or conditions imposed?

Yes

No

8. Declaration

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Surewise in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth).

I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Claimant 1 Full Name *(Please use block letters)*

Claimant 2 Full Name *(Please use block letters)*

Claimant 1 Signature

Claimant 2 Signature

Date

Date

This electronic signature will be treated the same as if signed personally *(tick to sign)*

9. Bank Details

BSB Number

Account Number

Account Name

Schedule

(1) PLEASE COMPLETE FOR **LOSS** OF PROPERTY:

Description of property for which loss is claimed	Date of Purchase or Acquisition	Original Cost	Value at time of Loss - allowing for reasonable Depreciation	Value of Salvage (if any)	Amount of Loss Claimed
TOTAL AMOUNT CLAIMED					\$

(2) PLEASE COMPLETE FOR **DAMAGE** TO PROPERTY:

Particulars	Name of Repairer (Invoice/Quote)	Amount of Damage Claimed
TOTAL AMOUNT CLAIMED		\$

(3) PLEASE COMPLETE FOR **FUSION** DAMAGE:

Machine/ Appliance	Maker/ Age of Motor	Date of Purchase	H.P. of Motor	Name of Repairer (Invoice/Quote)	Cost of Repairs
TOTAL AMOUNT CLAIMED					\$

Note: To avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable

(4) PLEASE COMPLETE FOR **THIRD PARTY** CLAIMS:

Details of injury or damage to third parties

- a) Name
- b) Address
- c) Occupation
- d) Nature and extent of injuries/damage
- e) Has the third party any relationship to you (eg. relative, employee)? Yes No
- g) Have you received any correspondence from third parties? *If so, please enclose them with this form.* Yes No
- g) Have you made any admission of liability? Yes No