

# Property Claim Form

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.

## 1. Your Details

Policy Number	Expiry Date
<input type="text"/>	

Name of Insured
<input type="text"/>

Postal Address
<input type="text"/>
Post Code
<input type="text"/>

Phone Number	Work/Mobile Number
<input type="text"/>	

## 2. Incident Details

Date of Occurrence	Time
<input type="text"/>	

Where did the event occur?
<input type="text"/>
Post Code
<input type="text"/>

Please describe what happened

<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"/>

## 3. Police

Have you reported the incident to the police?

No  Yes. If yes, provide details:

Police Station:
<input type="text"/>
Date & time reported:
<input type="text"/>
Police report number:
<input type="text"/>



A.B.N. 78 090 584 473

## 4. Burglary/Theft

Was any part of the property broken into?

No  Yes. If yes, provide details:

How was entry gained?
<input type="text"/>
<input type="text"/>
<input type="text"/>

## 5. Ownership and Other Insurance

Are you the sole owner of the damaged or lost property?

No  Yes. If no, provide details:

<input type="text"/>
<input type="text"/>

Are you able to make a claim with another insurance company for any of the property you are claiming now?

No  Yes. If yes, provide details:

Name of Insurer:
<input type="text"/>

## 6. 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:

Name:
<input type="text"/>
Address:
<input type="text"/>
Post Code:
<input type="text"/>
Telephone Number:
<input type="text"/>

If damage caused by a vehicle please provide:

Make:	Model:
<input type="text"/>	<input type="text"/>
Registration No:	Colour:
<input type="text"/>	<input type="text"/>
Name of Insurer:	
<input type="text"/>	

## 7. Witnesses

Name:
<input type="text"/>
Address:
<input type="text"/>
Post Code:
<input type="text"/>
Telephone Number:
<input type="text"/>

**8. 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	Year Purchased	Replacement Value	Cost of repairs (if damaged)	Amount claimed

*To avoid delays in processing your claim, please attach all original repair invoices, receipts 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.*

**9. Previous Claims**

In the last three years have you had any property damaged lost or stolen?

No  Yes. If yes, provide details:


**10. Goods and Services Tax (GST)**

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:  Private/Domestic purposes

Business purposes

Please provide details if only part of your claim relates to property used for business purposes.


Please provide details of your GST status:

Not entitled to Input Tax Credit

Entitled  to % Input Tax Credit

If you are entitled to an Input Tax Credit, please provide

your A.B.N No:

Have you claimed an Input Tax Credit for this policy?

No  Yes. If yes, percentage claimed

**11. 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 No: <span style="float: right;">BSB No:</span>

**12. 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 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 Signature
Date