

Property Claim Form

Insured Details

Policy Number: _____

Name of Insured: _____

Contact Person: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Email: _____

Address: _____

Are you registered for GST? Yes ☒ No ☐ If yes, what is your ABN? _____

Have you claimed or do you intend to claim an input tax credit on the GST component of the policy premium?

Yes ☐ No ☐ If yes, will you be claiming an amount less than 100%?

Yes ☐ No ☐ If yes, specify amount claimed: _____ %

Are you entitled to claim any input tax credit for repairs to the damage?

Yes ☐ No ☐ If yes, will you be claiming an amount less than 100%?

Yes ☐ No ☐ If yes, specify amount claimed: _____ %

Incident Details

Address of where incident occurred: _____

Date and time: _____

Incident description: _____

Schedule

Description of property lost or damaged: (Attach a separate list if there are more than 5 items)

Description	Year purchased	Replacement/repair cost	Amount claimed
1 _____	1 _____	\$ _____	\$ _____
2 _____	2 _____	\$ _____	\$ _____
3 _____	3 _____	\$ _____	\$ _____
4 _____	4 _____	\$ _____	\$ _____
5 _____	5 _____	\$ _____	\$ _____

Police

Have the Police been notified of the incident? Yes ☐ No ☒ (All burglary, theft and malicious damage claims must be reported)

Police Station: _____ Reporting Officer: _____

Police Report Number: _____ 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 the loss: _____

Third Party Details

Do you know who was responsible for the damage? Yes ☐ No ☐ If yes, please provide details below

Name: _____

Address: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Witnesses

Were there any witnesses to the event? Yes ☐ No ☐ If yes, please provide details below

Name: _____

Address: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Other Insurance

Do you hold any other insurance policies under which a claim for this incident may be made? Yes ☐ No ☐

If yes, please provide details below

Name of insurer: _____ Policy details: _____

EFT Details

The insurer may 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 they transfer settlement funds direct to your account we request that you provide your banking details.

Name: _____ Bank: _____ Account No: _____ BSB No: _____

Privacy: We are committed to protecting your privacy in accordance with the Privacy Act 1998. Our Privacy Policy describes our current policies and practices in relation to the handling and use of personal information. A copy of our Privacy Policy can be obtained from any of our offices, or on our website at www.mclardymcshane.com.au

Declaration: I/we certify that the above information and answers are true and complete. I/we understand that the claim may be refused or reduced if information is withheld.

Signature of Insured: _____ Date: _____