



Australian Insurance Brokers

ABN 69 099 098 864

A division of Jardine Lloyd Thompson Pty Ltd
A.C.N. 009 098 864

General Claim Form

Level 3, 70 Hindmarsh Square
Adelaide SA 5000
PO Box 3290 Rundle Mall
Adelaide SA 5000

Telephone: (61 8) 8418 0260
Facsimile: (61 8) 8418 0278
Toll Free: 1800 356 072

Australian Insurance Brokers Contact/Ref..... Insurer.....

Please complete this claim form and ensure that you sign the Declaration at the end of this form so that your claim can be processed.

- 1. Name of Insured _____
- 2. Postal Address _____ Postcode _____
Tel No _____
- 3. Contact Name _____ Fax No _____

4. Is the Insured registered for GST? (Tick box applicable) YES NO
 If YES, please enter the Australian Business Number (ABN) and Input Tax Credit (ITC) entitlement percentage below.

ABN ITC % at start of current period of cover.
If you fail to advise the availability of an input tax credit or understate its availability then you may have a liability to pay tax on the claim payment

IMPORTANT: If more than one named insured is claiming for this loss please supply details of ABNs and ITC percentages applicable to each entity on a separate page and attach to claim form.

- 5. Date of event _____ at _____ a.m. _____ p.m.
- 6. Where did event occur? _____
- 7. Description of loss or damage _____

8. How did loss or damage occur? _____

- 9. (a) Is any Third Party to blame for Loss or Damage? Yes No
- (b) If so, Who? _____

10. Have you received, or do you anticipate receiving, notice of any claim from or on behalf of Third Parties? Yes No

Give details: **(Remember, do not admit liability to any other party)**

11. Name(s) and Permanent Address(es) of witness(es), if any _____

12. If claim for Loss or Burglary or Theft, describe method of entry
(All such incidents must be reported to police)

13. Which Police Station Notified _____ Report No. _____ Date _____

14. Details of any other action you have taken to recover or reduce your loss _____

15. Other Particulars

Name of Owner of property lost/damaged _____
 Name of any other interested party (eg Mortgagee, Trustee) _____
 Details of any other insurances covering damaged property _____

Description of Property Lost and/or Damaged	Age of Item	Original Cost (if known)	Replacement Value or Repair Cost	Amount Claimed
Total Amount Claimed				\$

Please Complete for Third Party Liability Claims

1. Name of Third Party

2. Permanent Address

3. Nature and extent of injuries/damage

.....

4. (a) Have you received any correspondence from Third Parties? Yes No

(b) If so, please enclose them with this form.

5. (a) Have you made any admission of liability? Yes No

(b) Give details

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Please Note:

1. **Make sure that you give us ALL details about your claim.**
2. **Please send any documentation you have which may assist in verifying ownership and/or value of items.**
3. **Send us all original quotations and/or original invoices which you have received to repair or replace your property.**
4. **Tell the Police immediately about any loss or damage which has been caused by burglary or theft, vandalism or malicious damage.**
5. **If possible, keep damaged items available as your Insurer may wish to inspect them.**
6. **For Third Party claims, do not admit liability.**
7. **Contact your Claims Broker should you require assistance.**

Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

Signature of Insured or person with authority _____ Date

to sign for or on behalf of the Insured