



Action Insurance Brokers

“Service Solutions Security”

Licensed Financial Service Provider – AFSL# 225047

Principal Member – National Insurance Brokers Association

Property Claim Form

(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

Action Insurance Brokers and its Authorised representatives have and adhere to a privacy policy, which will ensure the privacy and security of your personal information. A copy of our privacy policy is available on request. A copy is also available on our website, www.actioninsurance.com.au

Claim No:

1. Policy Details

Full Name(s) of Insured:		Address of Insured: Postcode.....	
		Telephone No:	A/H (.....)
			B/H (.....)
Insurer:		Policy No:	
Expiry Date: / /		Sum Insured:	\$
GST Details: Are you registered for GST Purposes? Yes <input type="checkbox"/> No <input type="checkbox"/> ABN No:			
To what extent are you entitled to claim an Input Tax Credit for this policy?%			
Payment: Following Acceptance of your Claim by the Insurer, Please nominate your preferred method of payment. Cheque <input type="checkbox"/> Direct Payment <input type="checkbox"/> If you selected Direct Payment please provide the following information Bank Account Name BSB Account Number Note: Final Payment is at the Insurers discretion provided an EFT payment facility is available.			

2. General Details Of Loss / Damage

Location of loss/damage			
Actual date of loss/damage	/ /20	Approx time of loss/damage	am/pm
Are you the owner of the lost/damaged property?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please state name(s) and address(s) of all other parties and their interest in the property):		
Was the lost/damaged property:	(i) subject to a Lease or an Agreement? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes to either/both, please give details) (ii) covered under another insurance policy? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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 <input type="checkbox"/> No <input type="checkbox"/> (If yes, please state): (i) date of report/...../..... (ii) approx. time of report: am/pm (iii) Name of Police Station: (iv) Police Event Number (v) Name of Police Officer
Has any property been recovered?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give details)
Was any other party responsible for the loss/damage?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give details)
Has anyone been charged for the loss/damage?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give details)

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

How were the premises entered?
Were the premises occupied at the time of loss?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please state): (i) date last occupied/...../..... (ii) approx. time last occupied: am/pm

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	\$ Note: Personal baggage claims must be accompanied by the original Policy document
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

7. 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 Action Insurance Brokers Pty Ltd, its Employees and Representatives 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".

Full name of claimant(s)
(please use block letters)

Signature(s) Date:/...../.....
 Date:/...../.....