

Property Claim Form

The supply and acceptance of this form is not an admission of liability on the part of Allianz.

Claim Number		Excess \$			
Name of Insured		Home Phone No			
Occupation		Work Phone No			
Contact Person		Work Phone No			
Postal Address		Post Code			
Broker/Agent		Phone No			
Policy No	Inception Date	Expiry Date			
Interested Parties: Is the Property being claimed for subject to a Financial Agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name of Financier		Contract No.			
G.S.T.: Are you registered for GST purposes? Yes <input type="checkbox"/> No <input type="checkbox"/> A.B.N.?					
To what extent are you entitled to claim an Input Tax Credit on the GST for this Policy?					%
Incident Description: What happened, how (<i>eg. if burglary, include how and where entry was gained</i>) and who caused damage etc.					
Date of Loss	Time of Loss	Type of Loss			
Address Where Loss Occurred					Post Code
Date Premises Last Occupied	Name of Last Occupier				
Schedule (if insufficient space, provide separate list):					
❖ Please show the extent to which an ITC can be claimed by you on each item*					
❖ All original repair invoices, quotes or receipts must be submitted to avoid any delays in processing					
❖ Show all values in Australian Dollars					
Description of Property Lost / Damaged / Stolen (include who owns item if not the Insured)	Year Purchased	Where Purchased	Replacement or Repair Cost	Amount Claimed	ITC%* Entitlement
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
(If insufficient space, attach list)			Total \$		
Police: Have the Police been notified? (<i>all Burglary / Theft / Malicious Damage Claims must be reported</i>) Yes <input type="checkbox"/> No <input type="checkbox"/>					
Police Station		Reporting Officer			
Police Report No.		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 your loss?					

Third Parties: Do you know who was responsible for the Damage? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name	Telephone No.
Address	Post Code
Other details (eg Registration No.)	
Witnesses: Were there any witnesses to the Event (If Yes, please complete the following) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name	Telephone No.
Address	Post Code
Where was the Witness?	
Other Insurance: Is there any other Insurance on the Property? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Insurer	Policy Details
History:	
Have you had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have your had suffered a loss or made a claim on a property related insurance policy in the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been charged or convicted of any criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes to any History Questions, please give details	
Privacy	
<p><i>The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims.</i></p> <p><i>When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, etc or other parties as required by law.</i></p> <p><i>You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Mon-Fri and advise us of the changes.</i></p>	
IDR Statement	
<p><i>Disputes are not an everyday occurrence at Allianz. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.</i></p> <p><i>If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).</i></p>	
Declaration	
<p><i>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></p> <p><i>I/we acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.</i></p>	
Signature of Insured	Date