



Home & Contents

Claim form

If you need any help with this form, please contact us.

- If you knowingly supply any untrue or false information, you risk your claim being declined and your policy being cancelled.
- We recommend that you read the Claims section of your policy.
- Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".
- **Do not** incur any expense (unless it is to protect your property or reduce the loss) or admit fault, without our permission.

PART A: About you (the Policyholder/s)

| | | | |
|-----------------------------|---|-------------------------------|---|
| Name | <input type="text"/> | Policy number | <input type="text"/> |
| Postal address | Number/Street | <input type="text"/> | Suburb |
| | Town/City | <input type="text"/> | Postcode |
| Contacts | Mobile phone | <input type="text"/> | Email |
| | | <input type="text"/> | <input type="text"/> |
| Preferred method of contact | <input type="checkbox"/> phone | <input type="checkbox"/> text | <input type="checkbox"/> email |
| | If phone, best time to contact | | <input type="text"/> am <input type="text"/> pm |
| Bank details | If your claim is accepted and you wish to be paid direct into your bank account, please provide the details below | | |
| Payee name | <input type="text"/> | | (if different from above) |
| Bank account | <input type="text"/> | <input type="text"/> | <input type="text"/> |

PART B: The loss or damage

1. Where did the loss or damage happen? (please give the full address or details of the location)

2. When did the accident happen? Date Time am pm

3. When did you first know about it? Date Time am pm

4. How did the loss or damage happen? (please be specific and give full details)

5. Have you done anything to protect existing property, reduce or recover the loss or damage? yes no
If 'yes', please give details

6. Were there any witnesses? yes no
If 'yes', please give details

7. Do you think that any other person is responsible for the loss or damage? yes no
If 'yes', please give details

PART C: Burglary or theft

Does this claim involve burglary, theft, unexplained loss or intentional/malicious damage? yes no

If 'no', go to PART D

If 'yes', please make sure it is reported to the Police and answer the following questions:

1. Is the Police Complaint Acknowledgement attached? yes no
If 'no', please provide the following:

Who was it reported by and when? Name Date

Name of station

Complaint reference number

Name of officer

Was a list of items given to the Police? yes no

2. If the loss or damage was through a burglary or an attempted burglary;

a. Describe how entry or attempted entry was gained

b. Did the premises have a burglar alarm? yes no

If 'yes', was the alarm on at the time of burglary or attempted burglary? yes no don't know

PART D: The property lost or damaged

To speed up your claim:

- Please provide proof of ownership and the amounts being claimed, by attaching receipts, valuations, guarantees, current quotations, photos or other similar documentation.
- If repairs have been paid for, please attach your receipt or account.
- If at all possible, keep damaged items available so that they can be inspected if needed.

NOTE: Being dishonest by adding items and/or improving the make/model/specification/value of an item may see your total claim declined.

2. Have you claimed on any type of property insurance in the past 5 years? yes no
 If 'yes', please give details

| Date | Reason (e.g. lost phone) | Name of insurance company | Amount |
|------|--------------------------|---------------------------|--------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

3. Have you, or any member of your family living with you, ever been charged or convicted of any criminal offence other than driving offences? yes no
 If 'yes', please give details

4. Have you ever had an insurance policy declined, or had special terms imposed? yes no
 If 'yes', please give details

PART F: Declaration and signature

I/We agree and declare that:

1. **Material facts**
 - a. All information given in connection with this claim (whether oral or written) is true and correct;
 - b. No information relevant to the claim has been omitted or withheld.
2. **Use of information**
 - a. My personal information collected in connection with this claim may be disclosed to:
 - i. Other members of the insurance industry and Insurance Claims Register Ltd;
 - ii. Parties repairing or replacing the items of the claim;
 - iii. Parties who have a financial interest in the items of the claim and/or policy;
 - b. My personal information held by any other parties in connection with this claim may be disclosed to my insurer.

Please note

- Your insurer gathers information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you do not provide it, or if you provide any false, untrue or misleading information, your insurer may decline your claim. This information is held by us and your insurer and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees, etc.
- Your claims history is passed onto, and held by, the Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

Signed on behalf of all policyholders/insureds

Signature

Dated

Print name