

Section A: Insured Details

Please print letters clearly. Use black or blue pen.
Place in all applicable boxes.

Policy Number Name of Insured

Address Postcode

Contact Name Telephone Number Email

Section B: Incident Details

Date of Loss, theft or damage Time am pm

Address where the loss, theft or damage occurred Postcode

Describe what happened

Are you the only occupier of the premises? Yes No

If 'no', please provide details

Please provide the date the premises were last occupied

Section C: Schedule

Please complete for loss of property/contents/valuables (If you need additional space, please attach a list describing each item.)

Full description of property lost or damaged	Date of Purchase	Where Purchased	Replacement or Repair Cost (inc GST)	Less input tax credit (as %)*	Amount of Loss or Damage Claimed
Total amount of loss claimed \$					

*Less Input Tax Credit you can claim on the purchase of these items as a % of the total GST payable.

Section D: The Property

Is the property repairable? Yes No

If 'yes', please attach a quote for repairs. If 'no', please attach the original receipts, valuations, quote for replacement and a certification from an authorised repairer that the item is unrepairable.

Some of the property lost, stolen or damaged, may be covered under other policies, including health insurance. Please list any other insurance you have which might cover these items.

Name of Insurer Policy Number Type of Insurance

Address Postcode

Section E: Police Details

Was the matter reported to the police? Yes No

All burglary, theft, vandalism and malicious damage claims must be reported to the police and a copy of their police report number must be provided.

Police Station

Phone Number

Police Report Number

Date Reported

Section F: Third Party Details

Do you know who is responsible for the loss, theft or damage? Yes No

Name

Insurance company

Policy number

Claim number

Address

Postcode

Telephone Number

Mobile Number

Vehicle Registration

Vehicle Make/Model

Section G: Witness Details

Were there any witnesses to the loss, theft or damage? Yes No

Name

Address

Postcode

Telephone Number

Mobile Number

Section H: Goods and Services Tax

To ensure that you do not incur any unnecessary GST liabilities on your claim, please complete these details. Please note that this section must be completed in order for us to settle your claim.

Are you registered for GST? Yes No ABN Number Input Tax Credit Entitlement (%)

Section I: Nominated Bank Account Details

Name of Financial Institution

Account Name

BSB Number

Account Number

Section J: Duty of Disclosure

Have you had any previous losses or made any claims for loss, theft or damage with any insurer in the past 5 years, whether you claimed for them or not? Yes No

If 'yes', please advise what happened, including the value of the item, the date of loss, and the name of the insurer

Has any Insurer refused or cancelled cover or required special conditions to insure you? Yes No

If 'yes', please advise what happened

Have you been charged with, or convicted of, any criminal offence in the last 10 years? Yes No

If 'yes', please provide details

Signature of Insured

Date

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