

# Property Claim Form

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

Claim Number \_\_\_\_\_

## General Information

Name of insured \_\_\_\_\_

Occupation \_\_\_\_\_

Contact person \_\_\_\_\_

Telephone no. Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Mobile no. \_\_\_\_\_

Email \_\_\_\_\_

Postal address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Broker/Agent name \_\_\_\_\_

Telephone no. ( ) \_\_\_\_\_

Policy no. \_\_\_\_\_

Excess \$ \_\_\_\_\_

Inception Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Interested Parties

Is the property being claimed for under a financial agreement?  Yes  No

Name of financier \_\_\_\_\_

Contract no. \_\_\_\_\_

## GST

Are you registered for GST purposes?  Yes  No

ABN \_\_\_\_\_

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? \_\_\_\_\_ %

## Incident Description

What happened, how (e.g. if burglary, include how entry was gained and details of forced entry) and the name of any party who caused damage etc?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of loss \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_ AM / PM

Type of loss \_\_\_\_\_

Address where loss occurred \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

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 names of owners of items if not owned by the insured)	Year Purchased	Where Purchased	Replacement Repair Cost	Amount Claimed	ITC% Entitlement
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
Total Claimed				\$	

## Police

Have the police been notified? (All burglary/theft/malicious damage claims must be reported)

 Yes

 No

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

 No

Name \_\_\_\_\_

Telephone no. ( ) \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Other details (e.g. registration no.) \_\_\_\_\_

## Witnesses

Were there any witnesses to the event?

 Yes

 No

If Yes, please complete the following

Name \_\_\_\_\_

Telephone no. ( ) \_\_\_\_\_

Postal address \_\_\_\_\_

Where was the witness? \_\_\_\_\_

## Other insurance

Is there any other insurance on the property? (consider travel, medical insurances also)

 Yes

 No

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

 No

Have you ever been convicted of or had any fines or penalties imposed for any criminal offence?

 Yes

 No

Have you suffered a loss or made a claim on a property related insurance policy in the last 5 years?

 Yes

 No

If Yes to any history questions please give details

\_\_\_\_\_

\_\_\_\_\_

## Privacy Notice

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be used to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at [www.allianz.com.au](http://www.allianz.com.au) or contact us on 1300 360 529 EST 9am-5pm, Monday to Friday.

## IDR Statement

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. 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).

## Declaration

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/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, with their approval.

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.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_