



# Householders Claim

The issue of this form does not constitute an admission of liability on the part of the insurer.

**Policy Number**

**Claim Number**

Please complete:

Part A – Compulsory for all claims.

Part B – Relevant sections pertaining to your claims.

Part C – Compulsory for all claims.

## PART A – COMPULSORY FOR ALL CLAIMS.

| The Insured   |                             |                              |                   |  |               |         |   |               |          |   |
|---|-----------------------------|------------------------------|-------------------|--|---------------|---------|---|---------------|----------|---|
| Full Name   | Surname                     |                              |                   |  | Given Name(s) |         |   |               |          |   |
| Address   |                             |                              |                   |  |               |         | State   |               | Postcode |   |
|   |                             |                              |                   |  |               |         |   |               |          |   |
| Are you registered for GST?   | No <input type="checkbox"/> | Yes <input type="checkbox"/> | What is your ABN? |  |               |         |   |               |          |   |
| Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy? | No <input type="checkbox"/> |                              |                   |  |               |         | Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%? |               |          |   |
|   | No <input type="checkbox"/> |                              |                   |  |               |         | Yes <input type="checkbox"/> – Specify amount claimed                         |               |          |   |
| Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?   | No <input type="checkbox"/> |                              |                   |  |               |         | Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%? |               |          |   |
|   | No <input type="checkbox"/> |                              |                   |  |               |         | Yes <input type="checkbox"/> – Specify amount claimed                         |               |          |   |
| Contact Numbers   | Business                    | ( )                          |                   |  |               | Private | ( )   |               |          |   |
|   | Facsimile                   | ( )                          |                   |  |               | Mobile  |   |               |          |   |
| Occupation  |                             |                              |                   |  |               |         |   | Date of Birth | /        | / |

| The Property   |  |  |  |  |  |               |     |  |  |
|--|--|--|--|--|--|---------------|-----|--|--|
| Are you the owner of the damaged property? Yes <input type="checkbox"/> No <input type="checkbox"/> – Give details   |  |  |  |  |  |               |     |  |  |
| Was there any other insurance covering this damage current at the time of the occurrence? No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details                                    |  |  |  |  |  |               |     |  |  |
| Name of Insurer  |  |  |  |  |  | Policy Number |     |  |  |
| Does any other party have an interest in the damaged property the subject of the claim? (e.g. Mortgagee, Finance Co. leasee) No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details |  |  |  |  |  |               |     |  |  |
| Name   |  |  |  |  |  | Telephone     | ( ) |  |  |

| The Premises   |  |      |  |     |  |      |       |   |          |  |
|--|--|------|--|-----|--|------|-------|---|----------|--|
| Where did the loss or damage occur?  |  |      |  |     |  |      |       |   |          |  |
| Address  |  |      |  |     |  |      | State |   | Postcode |  |
|  |  |      |  |     |  |      |       |   |          |  |
| Describe the premises (i.e. Home, Flat, Boarding House, Home Unit)   |  |      |  |     |  |      |       |   |          |  |
| Are the premises tenanted? No <input type="checkbox"/> Yes <input type="checkbox"/> – Who usually lives there?   |  |      |  |     |  |      |       |   |          |  |
| If tenanted, are the premises let furnished? No <input type="checkbox"/> Yes <input type="checkbox"/>  |  |      |  |     |  |      |       |   |          |  |
| Were the premise occupied at the time of the loss? Yes <input type="checkbox"/> No <input type="checkbox"/> – Give details of when last occupied                       |  |      |  |     |  |      |       |   |          |  |
| Name   |  | Hour |  | Day |  | Date | /     | / |          |  |
| Was anyone other than the Insured or his/her immediate family at home at the time of the loss? No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details |  |      |  |     |  |      |       |   |          |  |
| Is any trade, business or profession carried out at the premises? No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details                              |  |      |  |     |  |      |       |   |          |  |

| Incident Details  |  |   |   |                      |              |
|---|--|---|---|----------------------|--------------|
| Day and Date of Incident  |  | / | / | Between the hours of | am/pm am/ pm |
| How did the damage/loss occur?  |  |   |   |                      |              |
|   |  |   |   |                      |              |
|   |  |   |   |                      |              |
| Was another person responsible for the damage? No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details    |  |   |   |                      |              |
| Name  |  |   |   |                      |              |
| Address   |  |   |   | State                |              |
|   |  |   |   | Postcode             |              |
| If the damage is the result of fire did the fire brigade attend? No <input type="checkbox"/> Yes <input type="checkbox"/> |  |   |   |                      |              |

| Details of Previous Loss or Damage   |      |        |
|--|------|--------|
| Have you or anyone living permanently with you suffered any loss, damage or liability to you or your property in the last 5 years? No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details |      |        |
| Describe loss, damage or liability   | Date | Amount |
|  | / /  | \$     |
|  | / /  | \$     |
|  | / /  | \$     |
|  | / /  | \$     |
|  | / /  | \$     |
|  | / /  | \$     |
| Have you made a claim on any insurer for any of the above mentioned incidents? No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details   |      |        |
| Insurer  | Date | Amount |
|  | / /  | \$     |
|  | / /  | \$     |
|  | / /  | \$     |

**PART B – COMPLETE RELEVANT SECTIONS PERTAINING TO YOUR CLAIM.**

| Breakage of Glass, Basins, Toilet Bowls, etc. — Please attach invoice or quotation |  |
|--|--|
| What was broken?   |  |
|  |  |
|  |  |
|  |  |
| Was the break through the entire thickness of the material?                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the break been repaired?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you paid the account?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Fusion — (Damage by Electric Current to Motors)  |   |       |
|--|---|-------|
| Type of appliance to which motor is a part – please indicate if this appliance is built in or transportable.   |   |       |
|  |   |       |
| How many kilowatts is the motor?   | Kilowatts   |       |
| How old is the appliance?  | Years   |       |
| Is the motor under warranty?   | No <input type="checkbox"/> Yes <input type="checkbox"/>  |       |
| Has the damaged motor been repaired?   | No <input type="checkbox"/> Yes <input type="checkbox"/>  |       |
| Is the appliance a swimming pool pump?   | No <input type="checkbox"/> Yes <input type="checkbox"/> – Is the pool above ground? No <input type="checkbox"/> Yes <input type="checkbox"/> |       |
| Has the motor been previously replaced?  | No <input type="checkbox"/> Yes <input type="checkbox"/> – How long ago?  | Years |
| <b>A full report from the electrical contractor who completed the repairs must accompany this form. Failure to provide this report may delay your claim.</b> |   |       |

## Storm and Water Damage

Describe the damage

How did the Wind, Rain or Water enter the premises?

Did the storm cause this opening?

No  Yes  – give details

## Theft or Burglary – Please attach original purchase docket, invoices or receipts. If you provide as much proof about owning the items it will help us to process your claim quickly.

How were the premises entered and what damage was caused during entry?

Which rooms were entered?

Have the police recovered any property?

No  Yes  – give details

## Security Details

Are any of these used to provide security to the premises?

Keyed window locks on all accessible windows

Grilles on all accessible windows and doors

Fixed Safe

Double keyed deadlocks

Perimeter Alarm

Free standing safe

Back to base (please attach activity report)

Internal Alarm

None

Did the device activate as a result of theft?

No  Yes

**ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE.**

## Police Details

Have the police been notified?

No  Yes  – by whom

Name

Telephone ( )

Police Station

Date notified / /

Crime Report No.

**Please attach a copy of Police Report, if available.**

Did the device activate as a result of theft?

Yes  No

