

Commercial property claim notification form



If you need more room for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.

Policy number Broker reference number

To notify us of your claim please either:

1. Call 1300 888 073 to speak to a Claims Professional who will be happy to lodge your claim over the phone, or
2. Complete this claim form, attach any documents and send it to:
Email: lodgeclaim@vero.com.au

Section 1 – Insured and contact details

Full name of policy holder

Full name of main contact / Broker contact

Main contact relationship to policy holder

Telephone number B/H

Telephone number A/H

Fax number

Mobile number

Email

Section 2 – Details of claim

Type of claim

- Accidental damage Burglary/theft Glass Fire Storm/water Business interruption
- Other

When did the loss/damage occur?

Date / /

Time am pm

Full address where loss/damage occurred

State Postcode

Description of loss/damaged item. Was there any other loss associated with this loss/damage?

What happened to lead to the damage?

Have the police been notified? No Yes

Police station Date / / Police report number

Have you taken any other action to recover or reduce your loss? No Yes

Give details

Section 3 – Invoice/quote

Have the repairs been completed? No Yes Has an invoice been obtained? No Yes
Has a quote been obtained? No Yes Has a repairer report been obtained? No Yes

If Yes, please attach a copy of the invoice/quote/repairer report to the completed claim form.

Description of Property lost/damaged/stolen	Year purchased	Replacement value (new condition) AUD\$	Cost of repairs (if damaged) AUD\$	Amount Claimed AUD\$
			Total amount	AUD\$

Section 4 – Goods and Services Tax (This section must be completed for all claims)

To ensure you do not incur any unnecessary GST liabilities on your claim please complete these details.

Are you registered for GST purposes? No Yes What is your ABN?

If you have an ABN, have you claimed or are you entitled to claim an Input Tax Credit (ITC) on the GST paid on this policy? No Yes Is the amount claimed less than 100% of the GST applicable to the premium? No Yes Specify the percentage amount claimed %

Section 5 – Payment details

For accepted claims please confirm the **policy holder's** preferred payment. This payment can only be made to an account of the policy holder.

- Bank (details for a direct credit to your nominated bank account).
- Cheque.

Bank Deposit

Account holder (Name as it appears in the bank account)

Bank Branch name

BSB number Account number

Send a cheque to my preferred address.

Full address State Postcode

A notification will be issued to you when the claim payment has been electronically deposited.

Section 6 – Privacy

AAI Limited trading as Vero Insurance is the insurer and issuer of your commercial insurance product, and is a member of the Suncorp Group, which we'll refer to simply as "the Group".

How to access and correct your personal information or make a complaint

You have the right to access and correct your personal information held by us and you can find information about how to do this in the Suncorp Group Privacy Policy.

The Policy also includes information about how you can complain about a breach of the Australian Privacy Principles and how we'll deal with such a complaint. You can get a copy of the Suncorp Group Privacy Policy. Please use the contact details in Contact us.

Contact us

For more information about our privacy practices including accessing or correcting your personal information, making a complaint, or obtaining a list of overseas countries you can:

Visit www.vero.com.au/privacy.

- ▼ Speak to us directly by phoning one of our Sales & Service Consultants on: 1300 888 073 or by
- ▼ Email us at claims@vero.com.au (please ensure a claim number is included in the subject line)

Declaration

I/We acknowledge that I/We have read and agree to the privacy consent and authorisation documented at www.vero.com.au/privacy.

I/We declare all the above details are true in every respect to the best of my/our knowledge and belief. I/We acknowledge that a claim may be refused and/or the policy may be cancelled if the answers or information I/We provide is untrue, inaccurate or concealed.

Policyholder or
Agent Name

Date

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