

Property Claim Form

Please answer all questions. This will help us process your claim quickly.
If you need more space to answer any of the questions, please use a separate sheet of paper.
Any attachments will form part of this claim report and the declaration will include them.

1. Claim Number (office use)

2. Policy Number 05A0074309

3. P&C Association name

4. ABN

5. P&C Association President/Secretary or Treasurer name and phone contact number

6. School Address

Details of Incident

When did the incident happen?

Date ____ / ____ / ____

Time _____ am/pm

Type of Incident (i.e. Theft, Food Spoilage, Fusion, Loss/ Malicious, Damaged etc)

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If theft occurred the Police must be notified, please provide the following details:

Was the incident reported to Police? Yes / No (Please circle)

Police Event No:

Police Officer contacted:

Description of Incident

Were there any signs of forced entry to the building (if yes provide details)

Equipment/Appliance Damage Details

Description of Incident

Type of Appliance

Age of appliance/motor

Responsible owner

Have repairs been undertaken previously on the equipment? If yes, please indicate when and provide description.

Please indicate if any previous claims have been lodged and/or paid, provide details and amount paid

Name of repairer (attach invoices and receipts)

Was the incident caused by a defect or hazard? Yes / No (Please circle)

Explain:

Incident Reporting

Who reported the incident to you?

Name

Residential Address

When was it reported?

Date ____ / ____ / ____

Time _____ **am/pm**

Please identify any witnesses

Name

Phone Contact Number

Residential Address

Name

Phone Contact Number

Residential Address

Important Notices

Claims

This policy does not provide cover in relation to events that occurred before the contract was entered into

Excess

An excess is applicable when we pay you for your claim, see the policy for details.

Cover

The Company will, at its option:

Reinstate or repair the property or any part thereof; or

Pay the cost of such reinstatement or repair subject to due allowance for wear, tear, depreciation or betterment, but the Company will not be liable to make any payment until the cost of reinstatement or repair is actually incurred; or

Pay the insured the value of the property at the time of the destruction, loss or damage.

Non-disclosure

If you fail to comply with your duty of disclosure the insurer may be entitled to reduce its liability under the contract in respect of the claim, or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Declaration

I declare that the property claimed for has been lost, destroyed or damaged in the manner described and believe the information in this form is true and correct and I have not withheld any relevant information.

I consent to the Insurance Underwriter using my personal information I have provided on this form for the purpose of processing this claim. I understand that if I choose not to provide the required details, this is my choice, however, the Insurance Underwriter may not be able to process the claim.

I consent to the Insurance Underwriter disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to the Insurance Underwriter also disclosing my personal information to and/or collecting additional information about me from investigators or legal advisors.

Signature of the person with authority to sign
for and on behalf of the P&C Association.

Date

Please indicate the number of additional pages attached to this claim form _____