

General Claim Form

(Do not use for Third Party Bodily Injury, Third Property Damage or Engineering Plant Incidents)

All relevant sections to be completed

Insurance Company: _____

Type of Policy: _____ Policy No.: _____ Due Date: _____ Excess: _____

1. Name of Insured (Surname, Company, Partnership): _____

2. Contact Person: (for Company or Partnership claims) - Mr/Mrs _____

Goods and Services Tax

3. Are you registered for GST Purposes? No Yes

What is your ABN?

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Have you claimed an input tax credit on the GST amount applicable to this policy? No Yes

Is the amount claims less than 100% of the GST applicable to the premium? No Yes Specify the percentage Amount claimed %

Are you entitled to claim an input tax credit for repairs or replacement of your lost/damaged property? No Yes

Is the amount claimed less than 100%? No Yes Specify the percentage Amount claimed %

4. Postal Address: _____ Postcode: _____

5. When did loss or damage occur? _____ At: _____

Or between _____ am/pm and _____

6. Where did loss or damage occur? _____

7. What was the nature or occurrence e.g. Fire, storm, tempest, damage by impact, burglary etc.? _____

8. Amount claimed (as shown on schedule on reverse side of this form) \$ _____

9. (a) Is any third party to blame for loss or damage? No Yes

(b) If so, who? _____

10. Have you received, or do you anticipate receiving, notice of any claim form on or behalf of third parties? _____

11. Name(s) address(es) of witness(es), if any _____

12. If claim for loss by burglary or theft, describe method of entry _____

13. Have Police been notified: No Yes If yes, what station? _____ Date: _____
14. Have you taken any other action to recover or reduce your loss?

15. Other particulars:
Name of owner of property lost/damaged _____
Name of any other interested party (e.g. Mortgagee, Trustee) _____
Details of any other insurances covering damaged property _____
16. Have you previously claimed from any insurance company? _____

Schedule

Please complete for loss of property

Description of Property for which loss is claimed:	Date of purchase or acquisition:	Original Cost	Value at time of loss allowing for reasonable depreciation	Value of Salvage	Amount of loss or damage (if any):	
Total amount of loss claimed:					\$	

Damage

Please complete for damage to property

Particulars:	Name of repairer (Invoice/Quote):	Cost of Repairs:
Total Repairs:		\$
Total amount claimed:		\$

Comments:

Declaration

I declare that all statements made by me to this claim are correct and true in every respect

Taken and declared at _____ this _____ day of _____ 20_____

Signature _____