

Property Claim Form

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

Claim Number

Name of Insured: _____
Contact Person: _____
Home Phone No: _____ **Work Phone No:** _____ **Mobile:** _____
Email: _____ **Occupation:** _____
Postal Address: _____

 _____ **Postcode:** _____
Broker/Agent Name: _____ **Phone 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.:** _____

G.S.T.: Are you registered for GST purposes? Yes No **A.B.N.:** _____

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

Incident Description: What happened, how (eg. if burglary, include how entry was gained) and who caused damage etc.

Date of Loss: _____ **Time of Loss:** _____

Type of Loss: _____

Address Where Loss Occurred: _____

 _____ **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 who owns item if not the Insured)	Year Purchased	Where Purchased	Replacement or Repair Cost	Amount Claimed	ITC%* Entitlement
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
Total Claimed				\$	

(If insufficient space, attach list).

Property

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 Phone No.

Address

Postcode

Other details (eg registration no.)

Witnesses: Were there any witnesses to the Event? Yes No (If yes, please complete the following)

Name Phone No.

Postal Address

Postcode

Where was the Witness?

Other Insurance: Is there any other Insurance on the property? 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 charged or convicted of 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: The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims.

When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external

claims data collectors, investigators and agents, to the Insurance Reference Services (IRS), etc or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Mon-Fri and advise us of the changes.

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. 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