

## GENERAL CLAIM FORM

Claim Number:

**1. Policy Details**

<p><b>Full Name(s) of Insured:</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><b>Address of Insured:</b></p> <p>.....</p> <p>..... Postcode .....</p> <p><b>Telephone Numbers:</b></p> <p><b>Business Hour</b> (.....) .....</p> <p><b>After Hour</b> (.....) .....</p>	
<p><b>Insurer:</b> .....</p>	<p><b>Policy No:</b> .....</p>	<p><b>Expiry Date:</b> ..... / ..... / 20.....</p>

**2. General Details of Loss / Damage**

<p><b>Where did event occur?</b></p>	<p>..... / ..... / 20.....</p>	
<p><b>Date of Event</b></p>	<p>..... / ..... / 20.....</p>	<p><b>Approximate time of loss / damage</b></p> <p>.....</p> <p style="text-align: right;">am/pm</p>
<p><b>Brief description (including cause of loss or damage)</b></p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p><b>Amount Claimed (as shown on Schedule on next page of this form)</b></p>	<p>\$ .....</p>	
<p><b>Is any Third Party to blame for loss or damage?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No <i>(If yes, please give details)</i></p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p><b>Have you received, or do you anticipate receiving, notice of any claim from</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No <i>(If yes, please give details)</i></p> <p>.....</p>	

<b>or on behalf of Third Parties?</b>	.....	
<b>Give details of all witnesses, if any:</b>	<b>Name</b>	<b>Address</b>
	.....	..... ..... Postcode .....
	.....	..... ..... Postcode .....
<b>Were the Police notified?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please give details)</i> (i) Date of Report: ..... / ..... / 20 ..... (ii) Name of Police Station: .....	
<b>Have you taken any action to recover or reduce your loss?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please give details)</i> ..... .....	

**3. Other Particulars**

<b>Name of Owner of property lost / damaged</b>	..... ..... .....
<b>Name of any other interested party (eg, Mortgagee, Trustee)</b>	..... ..... .....
<b>Details of any other insurances covering lost/damaged property</b>	..... ..... .....

**4. Complete for ALL Claims - ABN Details**

Are you a registered business? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your ABN? ABN No: .....
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred? .....%

**5. Declaration**

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.	
I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Direct Insurance Brokers Pty Ltd in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth).	
Full name of claimant(s) <i>(please use block letters)</i>	..... .....
Signature(s)	Date: .... / ..... / 20.....
	Date: .... / ..... / 20.....

**SCHEDULE**

(1) 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 (if any)	Amount of Loss or Damage Claimed	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
<b>TOTAL AMOUNT OF LOSS CLAIMED</b>					\$	

(2) PLEASE COMPLETE FOR **DAMAGE** TO PROPERTY:-

Particular	Name of Repairer (Invoice / Quote)	Cost of Repairs	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
<b>TOTAL REPAIRS</b>		\$	
<b>TOTAL AMOUNT CLAIMED</b>		\$	

(3) PLEASE COMPLETE FOR **FUSION** DAMAGE:-

Machine / Appliance	Maker	Date of Purchase	H.P. of Motor	Name of Repairer Invoice/Quote Attached	Cost of Repairs	
					\$	
					\$	
					\$	
					\$	
					\$	
<b>TOTAL REPAIRS</b> (Note: To Avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable)					\$	
<b>LESS EXCESS</b>					\$	
<b>NET AMOUNT CLAIMED</b>					\$	

(4) PLEASE COMPLETE FOR **THIRD PARTY CLAIMS**:-

Details of injury or damage to third parties:-

a) Name: .....

b) Address: .....  
.....  
.....

c) Occupation: .....

d) Nature and extent of injuries/damage:  
.....  
.....

e) Has the third party any relationship to you (eg. relative, employee)?  
.....  
.....

f) Have you received any correspondence from third parties? If so, please enclose them with this form.  
.....  
.....

g) Have you made any admission of liability?  
.....  
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