

Property Claim Form Burglary/Theft/Fire & Perils

If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.

Your Privacy

Logical Insurance Brokers is bound by the Privacy Act 1988 (Cth).

We are committed to protecting your privacy.

We collect, use, process and store personal information and, in some cases, sensitive information about you and your company to assist us manage your claim. Your insurer will be provided with this information in order to assess your claim. By providing this information to us, and your insurer, you consent to our, and your insurers, use of this information. This includes us, and your insurers, disclosing your information, where relevant, to affiliates of your insurers, other insurers and reinsurers and any service providers (including loss adjusters, surveyors, lawyers, accountants and investigators), insurance reference bureaus, and any business partners as required by law within Australia or overseas. You understand that any personal and sensitive information disclosed to organizations located overseas may not be protected in the same way as it is in Australia.

Even though we have no control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above. If you do not provide the requested information or consent to its collection and disclosure as described above, we may not be able to effectively manage your claim and your insurers may not be able to adequately assess your claim, or your claim may be delayed or your insurers may not accept your claim.

Your insurers may also obtain information from government offices and third parties to assess the claim in the event of loss or damage. Information about how to access the personal information we hold about you, have it updated or corrected or how to make a complaint about how your personal information is contained within our Privacy Policy. Please refer to our website for further information.

Contact us

You can contact our Privacy Officer using the details below:

Privacy Officer Suite 21 Level 2 8 Hill Street
Surry Hills NSW 2010
PO Box 103
Darlinghurst NSW 1300

Phone 02 9328 3322
Facsimile 02 9328 3323
team@logicalinsurance.com.au

Claim Number

Section 1. Details of the Policyholder

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

Name of insured Address Post Code Email Address Mobile Work Phone Home Phone Fax Number Policy Number Expiry Date What is your Australian Business Number (ABN)? Are you registered for GST? Yes No To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium? %Your Occupation/Bus/Industry/Trade Name any other interested party How interested Address Post code

Section 2. Details of Loss/Damage

Location of loss/damage? Date/Time

When was the loss/damage reported to you? Date Time

Are you the owner of the lost/damaged property? Yes No

If **NO**, please state name(s) and address(es) of all other parties and their interest in the property

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|--|--|---|--|
| Was the lost/damaged property: | | If yes to either/both please give details | |
| Subject to a lease or an agreement | Yes <input type="checkbox"/> No <input type="checkbox"/> | | <input style="width: 250px; height: 25px;" type="text"/> |
| Covered under another insurance policy | Yes <input type="checkbox"/> No <input type="checkbox"/> | | <input style="width: 250px; height: 25px;" type="text"/> |

What steps have been taken to recover the lost property or minimise damage to the property?

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Describe as full as possible the circumstances and cause of the loss/damage

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How was the loss/damage discovered?

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Were the police notified? Yes No

If **YES**, please state

Date reported to Police Approximate time of report

Name of Police Station Name of Officer Report Number

Has any property been recovered? Yes No

If **YES**, please give details

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Was any other party responsible for the loss/damage? Yes No

If **YES**, please give details

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Has anyone been charged for the loss/damage? Yes No

If **YES**, please give details

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Section 3. Complete this section for Personal Valuables/Burglary/Theft

How were the premises entered?

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Were the premises occupied at the time of loss? Yes No

If **NO**, please state:

Date last occupied

Approximate time last occupied

When was the property last seen by you?

Section 4. Complete this section for Fire/Damage to Premises

Who was in the premises at the time of damage?

For what purpose?

Section 5. Complete this section for Storm/Damage Claims

Describe through what type of opening the wind, rain or water entered the premises?

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Did the storm cause the opening to the premises?

Yes No

If **YES**, please describe the cause

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Section 6. Complete this section for Transit Loss/Personal Baggage

| Description of property/article lost, stolen, damaged or destroyed | Date of Purchase | Purchase Price | Replacement cost | Net amount claimed |
|--|------------------|----------------|------------------|--------------------|
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Section 7. Statement of claim

In the past five years, has the policyholder:
Been convicted of, or had any fines or penalties imposed for any crime? Yes No

Had an insurance policy declined, cancelled or conditions imposed? Yes No

IF **YES**, please provide details

Section 8. Payment details

Please provide your nominated bank account details

| | | | |
|--------------|--|----------------|--|
| Bank name | <input style="width: 95%;" type="text"/> | BSB | <input style="width: 95%;" type="text"/> |
| Account name | <input style="width: 95%;" type="text"/> | Account number | <input style="width: 95%;" type="text"/> |

Declaration and Authorisation (must be completed)

I/We declare that the above statements are true, correct and complete in every detail and that I/we have not suppressed or mis-stated any facts. I/We understand the claim may be refused if information is not true or is withheld.

I/We authorize insurers to give and to obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insureds credit or insurance history as well as insurance claims information obtained during the course of this contract.

I/We expressly agree that the information given by me/us is provided with my full knowledge and consent and further agree to hold harmless and indemnify Logical Insurance Brokers in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this claims form headed "Your Privacy".

Date: _____ Signature of the insured: _____

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 (if any) | Amount of loss claimed |
|---|---------------------------------|---------------|--|---------------------------|------------------------|
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| | | | | | |
| | | | | | |
| TOTAL AMOUNT CLAIMED | | | | | \$ |

PLEASE COMPLETE FOR **DAMAGE** TO PROPERTY

| Particulars | Name of repairer (invoice/quote) | Amount of damage claimed |
|-----------------------------|----------------------------------|--------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL AMOUNT CLAIMED | | \$ |

PLEASE COMPLETE FOR **FUSION** DAMAGE

| Machine/appliance | Maker/age of motor | Date of purchase | H.P. of motor | Name of repairer (invoice/quote) | Cost of repairs |
|-----------------------------|--------------------|------------------|---------------|----------------------------------|-----------------|
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| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL AMOUNT CLAIMED | | | | | \$ |

Note: to avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable

PLEASE COMPLETE FOR **THIRD PARTY CLAIMS**

Details of injury or damage to third parties

Name

Address

Occupation

Nature and extent of injuries/damage

Has the third party any relationship to you?

Yes

No

Have you received any correspondence from third parties?

If **YES**, please enclose them with this form

Yes

No

Have you made any admission of liability?

Yes

No