

# Property Claim Form

Property

Personal and Commercial

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

### Claim Number

**Name of Insured:** \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_  
 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 details of forced entry) and the name of any party 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 names of owners of items if not owned by the insured)	Year Purchased	Where Purchased	Replacement or Repair Cost	Amount Claimed	ITC%* Entitlement
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			<b>Total Claimed</b>	<b>\$</b>	

(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? (consider Travel, Medical Insurances also) 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 convicted of or had any fines or penalties imposed for 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, reinsurers, loss adjusters,

external claims data collectors, investigators and agents 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, Monday-Friday 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, with their approval. 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