

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company.

Please provide complete details to the questions asked on this form. If there is insufficient space for your answers please attach a separate page.

1. YOUR DETAILS

Name of Insured

Policy Number Expiry Date

Postal Address

Town State Post Code

Email Address

Phone Number Work/Mobile

2. INCIDENT DETAILS

Occurrence Date Time

Location

Town State Post Code

Please Describe What Happened

3. POLICE

Have you reported the incident to the police? No Yes If yes, provide details:

Police Station

Date & Time Reported

Police Report Number

4. BURGLARY/ THEFT

Was any part of the property broken into? No Yes If yes, provide details:

5. OWNERSHIP AND OTHER INSURANCE

Are you the sole owner of the damaged or lost property? No Yes If no, provide details:

Are you able to make a claim with another insurance company for any of the property you are claiming now? No Yes If yes, provide details:

6. RESPONSIBLE PARTY

Do you know the name and address of the party that may be responsible for the incident? If you do, please provide details:

Name

Address

Town

State

Post Code

Phone Number

If damage caused by a vehicle please provide:

Make

Model

Registration No

Colour

Name of Insurer

7. WITNESSES

Name

Address

Town

State

Post Code

Phone Number

8. SCHEDULE

Please provide full details of your loss. If there is insufficient space below please attach a separate piece of paper with the details.

Description of property damaged/stolen/lost	Year Purchased	Replacement Value	Cost of repairs (if damaged)	Amount claimed

To avoid delays in processing your claim, please attach all original repair invoices, receipts or replacement quotes to this form. Proof of ownership is required for stolen or lost items i.e purchase invoices, receipts, valuations, operating manuals etc.

9. PREVIOUS CLAIMS

In the last three years have you had any property damaged, lost or stolen?

No

Yes

If yes, provide details:

10. GOODS AND SERVICES TAX

Please complete the declaration below and advise us of your GST status

I/We declare that the items claimed on this form are used solely for:

Private/ Domestic purposes Business Purposes

Please provide details if only part of your claim relates to property used for business purposes.

Please provide details of your GST status:

Not entitled to Input Tax Credit Entitled to % Input Tax Credit

If you are entitled to an Input Tax Credit, please provide your A.B.N No:

Have you claimed an Input Tax Credit for this policy? No Yes If yes, percentage claimed

11. FUNDS TRANSFER

In the majority of cases we will settle your claim by authorising repair or replacement of your damaged or lost property through a repairer or a supplier. However, there will be occasions where a payment will be made to you.

In order that we may transfer settlement funds direct to your account we request that you provide your banking details.

Bank

Account Number

BSB Number

12. DECLARATION

1. 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.
2. I/We authorise BizCover Pty Ltd and/or The Hollard Insurance Company Pty Ltd to give to, or obtain from, other insurers or any insurance reference bureau, any information relating to this claim or any other claim made by me/us or any insurance held by me/us.
3. I/We agree to immediately notify BizCover Pty Ltd and The Hollard Insurance Company Pty Ltd if any stolen or lost property forming part of this claim is recovered or found.

Insured/s
Signature

Date