

Property Claim Form

The issue or acceptance of this form is not to be construed as an admission of liability

we make insurance easy

1. Your Details

Policy number

Name of insured

Contact person

Address

Postcode

Private

Mobile

Business

Facsimile

Email

Occupation

Are you entitled to claim back the GST component of costs relating to the insured property, as an Input Tax Credit from the ATO?

NO ☐ YES 100% ☐ YES OTHER %

If Yes, what is your ABN?

EFT details: Bank and branch

BSB

Account

Account name:

2. Interested Parties

Is the property you are claiming for under a financial agreement (eg. mortgage/lease)?

☐ NO ☐ YES, Financier

Is there another insurance policy covering the items claimed?

☐ NO ☐ YES, Financier

Policy type

3. Incident details

Date

Time

 am pm

Address and place where incident occurred

Please advise in detail how the incident occurred and who caused damage. In the event of burglary, include how entry was gained.

4. Other Parties and Witnesses

If any other parties were involved, who do you consider responsible for the incident and why?

All known Third Party details:

Full Name

Address

Postcode

Contact No.

5. Schedule

Please provide photos of the damage and a quote for repairs. In the event the item cannot be repaired, please provide a written report stating this, together with a quote for replacement. Your purchase invoice is required for any stolen items.

Description of Property lost/damaged/stolen	Year Purchased	New Replacement	Cost of Repair	Amount Claimed
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total				\$

6. Actions and Security

What security arrangements did you have in place at the time of the incident?

Have you taken any other action to recover or reduce your loss?

☐ NO ☐ YES. Please give details.

What security improvements have been made since the loss?

7. Police

We cannot proceed with claims for theft or malicious damage without the following details:

Police report number

Date reported

/

/

/

Station

Have any charges been laid or any other Police action taken?

Please keep us informed of any Police proceedings which may occur.

8. 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 authorise SRG to give to, or obtain from, other insurers, credit reference service or other interested parties, any information relating to me/us or any claim in relation thereto.

Signature

Date

/

/

/

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