

PROPERTY CLAIM FORM (Business or Home Insurance)

The supply or acceptance of this form is not an admission of liability on the part of your Insurer

COWDEN (SA) PTY LTD
THE INSURANCE BROKERS

1. Your Details			
Policy No		Expiry Date	
Insured Name			
Occupation			
Mobile		Phone	
Email			
Postal Address			
Suburb		Postcode	
Are you registered for GST purposes?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, ABN No	
If Yes, Are you entitled to claim Input Tax Credit (ITC)	<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Percentage Claimed (i.e.100%)	
2. Incident Details			
Date		Time	<input type="checkbox"/> am <input type="checkbox"/> pm
Address where the event occurred:			
	Suburb		Postcode
Detailed description of the event:			
Are you the only occupier of your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please provide details:	
Name of Person			
Who discovered the event?			
Do you know who is responsible for the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide details:	
<i>Name(s), address(es) and any other information of the person(s) responsible:</i>			
Where there any witnesses to the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide details:	
<i>Name, address and contact number of witness(es)</i>			
Were your premises broken into?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details:	
Were the premises securely locked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How was entry gained?			
Have steps been taken to improve security of your premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Police			
You must report any loss, theft or vandalism of property to the Police. The insurer may need to apply to the Police for a copy of the Police Report			
Name of Police station where you reported it			
Name of Police Officer			
Police Offence Report Number		Date	

4. Description of Items				
Description of Property	Date Purchased	Purchase Price	Repair Cost	Amount Claimed
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Please attach all original receipts, valuations, quotes for replacement or certification from an authorised repairer that the item(s) is/are unrepairable				
Is there any other insurance on the property (e.g. travel, medical) <input type="checkbox"/> No <input type="checkbox"/> Yes			If Yes, please provide details:	
Insurance Company		Policy Number		Type of Insurance
5. History (in the last 5 years)				
Have you had any insurance or renewal of insurance declined or cancelled or special conditions imposed? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Have you ever been convicted of or had any fines or penalties imposed for any criminal offence? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Have you suffered a loss or made a claim on a property related insurance policy? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If Yes to any of the history questions, please provide details				
6. Funds Transfer (please provide your bank details)				
Account Name				
Account No:		BSB		Bank
7. 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 the insurer 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.				
Signature of Insured *		Signature of Insured *		
Date		Date		