



Property Claim Form

Guide for completion

Please complete all sections of this form and note the following:

1. The completion of this form does not constitute policy acceptance by the insurer.
2. Failure to notify a matter immediately after the event or after you become aware of the event may enable the insurer to reduce or avoid any liability incurred.
3. Please ensure that you answer all questions in full and honestly. The form must be signed and dated.
4. If you do not believe a question is applicable, please write 'n/a'.
If anyone holds you responsible for their accident or injury, please insist that their claim must be in writing.
5. Do not admit liability to any claimant and do not disclose to the claimant the existence of any insurance you may have in place.
6. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
7. Salvage remains the property of the insurer.
8. Any attachments will form part of this claim report and the declaration will include them.

Section 1

1. Insured Details

Name of insured

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr

First name Family name

Postal address

Suburb State Postcode

Phone Mobile

Email

Insurer Policy number

2. Electronic Funds Transfer Details

Following your insurer's approval of your claim, should you wish to have your claim benefits transferred directly into your bank account, please provide the following details:

Name of financial institution

Account name

BSB number Account number

Privacy and collection statement

The insurer includes information about how they manage your personal information in their Product Disclosure Statements and Policy booklets. You can obtain a copy of the insurer's statement from their website or contact the Compliance Manager.

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3. Incident Details

Date of loss, theft or damage (dd/mm/yyyy)

Please describe what happened

Time

☐ am

☐ pm

Address where the loss, theft or damage happened

Are you the only occupier of the premises?

☐ Yes

☐ No

If 'No', please provide details

Who discovered the loss, theft or damage and include their name, date discovered and time

Do you know who is responsible for the loss, theft or damage?

☐ Yes

☐ No

If 'Yes', please provide their name, address and any other information about the person/s responsible

Were the premises broken into?

☐ Yes

☐ No

If 'Yes', please advise the time and date when the premises were last occupied

(dd/mm/yyyy)

Time

☐ am

☐ pm

Were the premises securely locked?

☐ Yes

☐ No

How was entry gained?

Have steps been taken to improve the security of your premises?

☐ Yes

☐ No

You must report any loss, theft or vandalism of property to the Police and obtain a copy of their report.

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Section 2

4. Witnesses

Were there any witnesses to the loss, theft or damage?

☐ Yes

☐ No

If 'Yes', please advise their name, addressed and telephone number

5. Police Details

Name of the police station where you reported the matter

Name of police officer

Police offence report number

Date reported (dd/mm/yyyy)

6. Schedule

Please complete for loss of property/contents/valuables

*

Description of property for which loss is claimed	Date of purchase or acquisition	Replacement cost (inc GST)	Less input tax credit (as %)*	Value of salvage (if any)	Amount of loss or damage claimed
Total amount of loss claimed \$					

***Less input tax credit you can claim on the purchase of these items as a % of the total GST payable.**

If you need additional space, please attach a separate list describing details as above.

If unsure please speak to your advisor

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7. The Property

Do you owe any money on the property lost, stolen or damaged?

If 'Yes', please provide the lender's name, address and the approximate amount owing

☐ Yes

☐ No

Is the property repairable?

☐ Yes

☐ No

If 'Yes', please attach a quote for repairs.

If 'No', please attach the original receipts, valuations, quote for replacement or a certification from an authorised repairer that the item is unrepairable

Some of the property lost, stolen or damaged may be covered under other policies, including health insurance.

Please list any other insurance you have which might cover these items

Name of insured

Policy no.

Type of insurance

Address

Postcode

Have you had any previous losses or made any claims for loss, theft or damage

on any insurer in the past 5 years, whether you claimed for them or not?

☐ Yes

☐ No

If 'Yes' please advise what happened including the value of the item, the date of loss and the name of the insurer

Has any insurer refused or cancelled cover or required special items to insure

☐ Yes

☐ No

you? If 'Yes', please advise what happened

Have you been charged with, or convicted of, any criminal offence in the last 10

☐ Yes

☐ No

years? If 'Yes', please provide details

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8. Goods and Services Tax

To ensure that you do not incur any unnecessary GST liabilities on this claim please complete these details.

Are you registered for GST?

☐ Yes ☐ No

What is your ABN?

What is your ITC percentage?

How do I know what my ITC percentage is? In most cases, clients who are registered for GST claim 100% as their ITC percentage. However, if you purchase goods and/or services for both personal and business use, our ITC will be less than 100%

Duty of Disclosure

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance.

You do not need to tell the insurer anything that:

- reduces the risk that is insured;
- is common knowledge;
- your insurer knows or should know as an insurer; or
- the insurer waives compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact your CoverMe broker.

Non-disclosure

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Declaration

I/We declare that the information supplied on this claim form is true in every respect. I/We consent to the use of my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, my claim may not be able to be processed.

By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above

Signature of insured

Date Date (dd/mm/yyyy)

Submit your claim

assist@covermeinsurance.com.au

Privacy Policy - CoverMe take your privacy very seriously.
For full details please refer to
www.cbn.au/privacy-policy.

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