GENERAL CLAIM FORM

**By carefully following this procedure, the impact on your business operations will be minimised.**

**There are number of steps which must be taken immediately:**

1. Report the incident to CoverMe Insurance Solutions by telephone, facsimile or email, wherever practicable, within 24 hours of the incident.
2. Regardless of whether or not the claim has been reported or a loss assessor appointed, you must immediately do whatever is necessary to prevent further loss of life or property damage. For example:
* Call the fire brigade, ambulance, police or other appropriate emergency service.
* If during business hours, ensure the evacuation, if necessary, of staff and neighbours.
* If critical machinery fails, commence investigations to locate replacement plant or services.
* Have a security company install boarding over smashed windows and, if appropriate, employ an overnight security watchman.
* Remove property which is exposed to further loss or damage to a more secure place if possible.
* Providing no danger to life or limb is involved, ensure the safe removal and storage of vital business records.
1. Complete all claims documentation as soon as practicable (ensuring your ABN No. and Input Tax Credit entitlement are included) and forward to [Value not set] with any supporting documents.
2. Whatever the circumstances of the incident, **DO NOT ADMIT LIABILITY EVEN IF YOU THINK YOU ARE AT FAULT**.

Your Insurer is entitled to deny a claim or pay a reduced amount if statements made by you or your employees prejudice the Insurer’s position.

It is impossible to give guidelines for procedures to follow in **every** claim, simply because of the nature of accidents –

* they cannot be predicted
* they do not follow set patterns

However, the above general procedures can be relied upon to cover most circumstances.

[Value not set][Value not set][Value not set][Value not set][Value not set][Value not set][Value not set][Value not set]

**1. Policy Details**

|  |  |
| --- | --- |
| **Full Name(s) of Insured:**……………………………………………………………………………………………………………………………………………………………………………………………………………………………… | **Address of Insured:**……………………………………………………………………………………………………Postcode ………………**Telephone Numbers:** **Business Hour** (…..) ……………………….…………………..**After Hour** (…..) …………………………………………... |
| **Insurer:** | **Policy No:** | **Expiry Date:** |
| ……………………………………….. | ……………………………………….. | ……. / ………………… / 20…… |

**2. General Details of Loss / Damage**

|  |  |
| --- | --- |
| **Where did event occur?** | ……. / ………………… / 20…… |
| **Date of Event** | ……. / ………………… / 20…… | **Approximate time of loss / damage** | ……………………… am/pm |
| **Brief description (including cause of loss or damage)** | ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **Amount Claimed (as shown on Schedule on next page of this form)** |  $ ………………………. |
| **Is any Third Party to blame for loss or damage?** | [ ]  Yes [ ]  No *(If yes, please give details)*…………………………………………………………………………………………………………………………………………………………………………………………………… |
| **Have you received, or do you anticipate receiving, notice of any claim from or on behalf of Third Parties?** | [ ]  Yes [ ]  No *(If yes, please give details)*…………………………………………………………………………………………………………………………………………………………………………………………………… |
| **Give details of all witnesses, if any:** | **Name** | **Address** |
| ………………………………… | ……………………………………………………………………………………………Postcode ………….. |
| ………………………………… | …………………………………………………………………………………………… Postcode ………….. |
|  |  |
| **Were the Police notified?** | [ ]  Yes [ ]  No *(If yes, please give details)*1. Date of Report: ………… / …………………. / 20 ………
2. Name of Police Station: …………………………………………………………………………………………………
 |
| **Have you taken any action to recover or reduce your loss?** | [ ]  Yes [ ]  No *(If yes, please give details)*…………………………………………………………………………………………………………………………………………………………………………………………………… |

**3. Other Particulars**

|  |  |
| --- | --- |
| **Name of Owner of property lost / damaged** | ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **Name of any other interested party (eg, Mortgagee, Trustee)** | ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **Details of any other insurances covering lost/damaged property** | ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

**4. Complete for ALL Claims - ABN Details**

|  |
| --- |
| **Are you a registered business?**  [ ]  Yes [ ]  No |
| **What is your ABN?**  ABN No: …………………………………... |
| **What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?**……………..% |

**8. Declaration**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed “Your Privacy”.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Claimant(s) |  |  |  |
|  |  |  |  |
| Signature of Claimant(s) |  |  |  |
|  |  |  |  |
| Position held |  |  |  |
|  |  |  |  |
| Date |  |  |  |

 |

**YOUR PRIVACY**

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you

* We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
* If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
* We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
* Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, information about where the insurer is located is set out below:

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.

Coverme Insurance Solutions Pty Ltd are committed to protecting your privacy. For more information about our Privacy Policy, please ask us for a copy or view [here](https://www.cbnet.com.au/privacy/)