

## GENERAL CLAIM FORM – PROPERTY INSURANCE

### How to obtain a quick response to your claim:

1. Make sure that you fully answer all questions.
2. Attach 2 quotations to repair and/or the original invoices for authorised repairs to your property.
3. Burglary Claims – Sections 1,2 & 6. Glass Claims – Sections 1,3 & 6. Fire/Impact – Sections 1,4 & 6. Storm Claims – Sections 1,5 & 6.
4. Make sure you have read, signed and dated the declaration.

### **SECTION 1 (must be completed for all claims)**

#### **Insured Details (please print)**

Policy Number: ..... Due Date: ...../...../.....

Name of Insured: .....

**Are you GST Registered? YES/NO. What is your, ABN.....**

**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? .....%**

Address: .....

Home Phone No: (    )..... Bus Phone No: (    ).....

Fax: (    )..... Mobile No: .....

E-mail address: .....

#### **Loss Details**

Date of Incident ...../...../.....      Approx. Time .....      AM/PM

Where did incident occur.....

Describe as fully as possible how the incident occurred (including method of entry to premises)

.....

.....

.....

.....

Do you consider any other party responsible for the incident?

.....

.....

# [ FREEMAN McMURRICK ]

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Do you have any other insurance under which a claim for this incident may be made?

YES/NO .....

When were the premises last occupied? .....

Name of Owner of the property lost/damaged .....

Name of any other interested party.....

Has any of the property been recovered?                      Yes                       No

Has anyone been charged for the loss/damage?            Yes                       No

If Yes please provide details .....

Have you previously (in the last 3 years) made a claim against any insurance company?

YES/NO  
 .....  
 .....  
 .....  
 .....

**Please attach separate sheet if insufficient room on the statement of claim below**

Full Description of Property lost or damaged (INCLUDING /MODEL NUMBER)	When Purchased	Original Cost (\$)	Replacement Cost (\$)	Net Amount Claimed (\$)

**SECTION 2 – Burglary/Theft/Losses Only**

**NOTE: Police complaint acknowledgement forms to be attached to all cases of theft or loss.**

Have the police been informed of the incident?    Yes                       No

Police Station reported to .....    Report No .....   

What action has been taken to recover or reduce your loss?  
.....

**SECTION 3 – Glass Breakage Only**

**For glass, wash basin and lavatory pan breakage claims only**

Was the glass, basin etc, cracked prior to the incident?    Yes                       No   
If so, state date    ...../...../.....

**SECTION 4 – Fire/Impact Damage**

**For fire or impact claims only**

If a dividing fence or party wall was damaged, give name and address of joint owner  
.....

If damage was caused by a vehicle, give details of owner/driver and vehicle registration number  
.....

**SECTION 5 – Storm and Tempest**

**For storm and tempest and water damage claims only**

**Note : do not delay in taking necessary action, such as emergency repairs, to prevent further damage.**

What steps have been taken to minimise the damage? .....  
.....

**SECTION 6 – must be completed for all claims**

**Evidence of ownership and value**

Please attach your receipts or other documents to establish evidence of ownership and the value of each item. In cases of equipment or property, supply evidence of serial numbers for our confirmation to manufacturers and the police. Damaged property must not be disposed of until authorised by our Company.

**Warning: Willful or reckless exaggeration or inflation of the amount claimed may forfeit the claim.**

**Declaration – Read carefully before signing**

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. \* I consent to the disclosure of my personal information to other Insurers, an Insurance reference service or a required by law. I consent to also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

At Freeman McMurrick we take privacy very seriously. For full details of our privacy policy please refer to our website: [www.freemanmcmurrick.com.au](http://www.freemanmcmurrick.com.au)

Signature ..... Date ...../...../.....

Signature ..... Date ...../...../.....

\* This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business

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Claims email address : [claims@freemanmcmurrick.com.au](mailto:claims@freemanmcmurrick.com.au)