

Business Claim Form

The issue of this form does not constitute an admission of liability on the part of the insurer.

Policy number: _____ Claim number: _____

Please complete: **Part A — Compulsory for all claims.**
Part B — Relevant sections pertaining to your claims.
Part C — Compulsory for all claims.

PART A – COMPULSORY FOR ALL CLAIMS

1. The Insured

- a) Insured name: _____
- b) Are you registered for GST? Yes No
 - i) What is your ABN? _____
- c) Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy? Yes No
 - i) If YES, will you be claiming an amount less than 100%? Yes No
 - 1) If YES, specify amount claimed: _____ %
- d) Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged? Yes No
 - i) If YES, will you be claiming an amount less than 100%? Yes No
 - 1) If YES, specify amount claimed: _____ %
- e) Nature of business: _____
- f) Address: _____
- g) Contact Details:
 - i) Telephone No.: _____
 - ii) Mobile: _____

2. The Property

- a) Are you the owner of the property being claimed for? Yes No
 If YES, please give details:
- b) Was there any other insurance covering this damage current at the time of the occurrence? Yes No
 If YES, please give details:
 Name of Insurer: _____
 Policy no.: _____
- c) Does any other party have an interest in the damaged property the subject of the claim? (e.g. Mortgagee, Finance Co. leasee) Yes No
 If YES, please give details:
 Full Name: _____
 Telephone no.: _____

3. The Premises

a) Where did the loss or damage occur?

Address: _____

b) Describe the premises (i.e. Factory, Warehouse, Office Block etc.)

c) Are the premises tenanted? Yes No

If YES, please give details of tenant:

d) Are you the tenant? Yes No

If YES, please give details of building owner:

e) Were the premise occupied at the time of the loss? Yes No

If YES, please give details of when last occupied:

Full Name: _____

Hour: _____ Day: _____ Date: _____

4. Incident Details

a) Day and date of incident: _____

b) Between hours of: _____ a.m. p.m. and _____ a.m. p.m.

c) How did the damage/ loss occur?

d) Was another person responsible for the damage? Yes No

If YES, please give details:

Full Name: _____

Address: _____

5. Details of Previous Loss or Damage - If there is insufficient space, please supply these details on a separate sheet and attach to the claim form.

a) Have you ever suffered any loss, damage or theft at this address or elsewhere in the last 5 years? Yes No

Describe loss, damage or liability	Date	Amount
		\$
		\$
		\$
		\$

- b) Have you made a claim on any insurer for any of the above mentioned incidents? Yes No

Describe loss, damage or liability	Date	Amount
		\$
		\$
		\$
		\$

PART B – COMPLETE RELEVANT SECTIONS ONLY PERTAINING TO YOUR CLAIM

1. Breakage of Glass – Please attach invoice or quotation

- a) What was broken?

- b) Was the break through the entire thickness of the material? Yes No
- c) Has the break been repaired? Yes No
- i) If YES, have you paid the account? Yes No
- d) Was there damage to window signwriting? Yes No

2. Storm and Water Damage

- a) Describe the damage:

- b) How did the Wind, Rain or Water enter the premises?

- c) Did the storm cause this opening? Yes No
- If YES, please give details:

3. Theft or Burglary – Please attach original purchase docket, invoices or receipts. If you provide as much proof about owning the items it will help us to process your claim quickly.

- a) How were the premises entered and where was the point of entry?

b) Which parts of the premises were entered?

c) Have the police recovered any property?

Yes No

If YES, please give details:

Security Details

Are any of these used to provide security to the premises?

- | | | |
|--|--|---|
| <input type="checkbox"/> Keyed window locks on all accessible windows | <input type="checkbox"/> Grilles on all accessible windows and doors | <input type="checkbox"/> Fixed safe |
| <input type="checkbox"/> Double keyed deadlocks on all perimeter doors | <input type="checkbox"/> Perimeter alarm | <input type="checkbox"/> Free standing safe |
| <input type="checkbox"/> Back to base (please attach activity report) | <input type="checkbox"/> Internal alarm | <input type="checkbox"/> None |

Did the device activate as a result of theft?

Yes No

ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE.

Police Details

Have the police been notified?

Yes No

Reporting Officer: _____

Police Station: _____

Telephone No.: _____

Date Notified: _____

Report No.: _____

Please attach a copy of Police Report, if available.

b) If the damage is the result of fire did the fire brigade attend?

Yes No

PART C – COMPLETE RELEVANT SECTIONS PERTAINING TO YOUR CLAIM

1. **Details of Claim** – Please attach quotations. If there is insufficient space, please supply these details on a separate sheet and attach to the claim form.

a) Damage Building

Particulars	Name of repairer	Amount claimed
		\$
		\$
		\$
		\$
		\$
	TOTAL	\$

b) Loss Or Damage To Other Property

Description of property (Include serial number)	Where purchased	When purchased	Value at time of loss	Replacement value (attach quotes)
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL				\$

2. Payment Details

Would you like the funds deposited to your Australian bank account by electronic transfer? Yes No

Bank name: _____ BSB: _____
 Account name: _____ Account No.: _____

3. Declaration and Authorisation

The information and answers given above are true, correct and complete in every detail.

- I/we understand the claim may be refused if information is not true or is withheld.
- I/we authorise the Insurer to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured 1: _____ Date: _____

Signature of Insured 2: _____ Date: _____

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.

Return the completed form to your Account Manager via email.

**If sending by post, please send to:
 Business Insurance Specialists Pty Ltd
 GPO Box 2217,
 Brisbane QLD 4001
 Please either fax to (07) 3102 9298, or email prior to sending by post.**