



GENERAL CLAIM FORM
Including Burglary / Theft / Money

Custodian Underwriting Agency Suite 3.1 56 Delhi Road NORTH RYDE 2113

The Issue of this Form is not an Admission of Liability by the Insurer

To avoid unnecessary delay in processing your claim, it is important that you attach documentation to support :

- ownership of all property claimed, e.g. original invoices, owners manuals, photos, receipts, etc.
- the repair / replacement of your loss e.g. original invoices, receipts, etc by trade suppliers / repairers – itemising the precise nature of their quotation or work undertaken e.g. size, model, type, age, hours, cost of labour, parts, prices

Broker Name _____

Policy Number _____

Claim Number _____

Full Name of Insured _____

Postal Address _____

Contact Details Name _____

Tel _____ Fax _____

Mobile _____ Email _____

Tax Status ABN _____ Taxable % _____

THE PREMISES

Nature of Business _____

Occupancy Owner of the premises Owner occupier Tenant

Type of Premises Factory Office Store Other Age of Building _____

If other please advise _____

Construction Brick & Concrete Brick & Wood Other

If other please advise _____

If you are a tenant, are you liable for the damage under the terms of your lease / tenancy agreement? YES NO N/A _____

THE LOSS

Date of Loss / Damage _____ Time of Loss _____ am / pm

Who Discovered the Loss / Damage? _____

Address where Loss / Damage occurred _____

What was Lost / Damaged ? _____

How did Loss / Damage _____

occur (eg storm, water _____

damage, fire etc)? _____

For Burglary claims, what _____

evidence is there that entry _____

to the building was forced _____

and violent? _____

CLAIM INFORMATION

Was any person responsible for causing the Loss / Damage ? YES NO

If yes, please provide the following details

Name of Third Party _____

Address _____

Contact Details Tel _____ Fax _____

Mobile _____ Email _____

Why do you think that _____

person is responsible ? _____

ACTION TAKEN (IF A POLICE MATTER)

Which police station was the Loss / Damage reported to? _____

When was it reported ? Date _____ Time _____ am/pm

Name of Police Officer _____ Reference No _____

Is anyone suspected of the loss / damage? YES NO

If yes please provide details

Has an arrest been made? YES NO

If yes please provide details

Has any of the property been recovered? YES NO

If no, what steps have been taken to recover stolen property

WITNESS(ES)

Were there any witness(es)? YES NO

If yes, please provide the following details

Name of Witness _____

Address _____

Contact Details
Tel _____ Fax _____
Mobile _____ Email _____

Name of Witness _____

Address _____

Contact Details
Tel _____ Fax _____
Mobile _____ Email _____

OTHER INTERESTS

Does any person or organisation have an interest in the lost / damaged property ?

YES NO

If yes, please provide the following details

Name _____

Address _____

Contact Details

Tel _____

Fax _____

Mobile _____

Email _____

Type of Interest

Mortgage

Bill of Sale

Other

If other please advise _____

Is there another insurance coverage covering the Lost / Damaged property ?

YES NO

If yes, please provide details of Insurer, Amount etc

YOUR CLAIMS HISTORY

Has any person covered under this Insurance Policy ever sustained a loss during the past FIVE (5) years?

YES NO

If yes, please provide the following details

Date	What Happened?	Insurer	Amount \$

CLAIMED LOSS / DAMAGE

Full Description of Property being claimed including serial, model numbers	Date of Purchase / Acquisition	Original Purchase Price \$	Where Purchased	Amount \$ Being Claimed

General Remarks _____

IMPORTANT (Please read the following carefully before signing this Claim Form)

PRIVACY

Custodian Underwriting Agency respects your privacy & complies with the Privacy Act & the National Privacy Principles. A copy of our Privacy Statement is available from our office or online at www.custodianua.com.au

DISPUTE RESOLUTION

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

DECLARATION & SIGNATURE

You declare & acknowledge as follows

- **You** solemnly and sincerely declare that you have complied with the conditions and warranties (if any) of the policy and in no matter deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and **You** have not concealed any information relating to this claim. **You** understand that this claim may be refused if the information is untrue, inaccurate or concealed.
Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition **You** will immediately refund the company any sum which may have been paid to **You** in respect to such property. In the event of any property being recovered in damaged condition **You** will immediately hand the same over to the company for disposal as may be agreed
- **You** acknowledge that **You** have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim
- **You** acknowledge that if **You** do not agree to the collection of this personal and sensitive information, then we will be unable to process **Your** claim

Insured's Signature _____

Date _____