

General Claim Form

Please answer all relevant questions and attach a separate sheet if more space is needed

1. Insured details

Name of Insured: Trading as

Contact person:

Telephone: (...) Facsimile: (...) Email :

Postal address: Postcode:

Type of Policy: Policy number: Expiry:/...../.....

2. GST details

Is the Insured registered for GST purposes? No Yes If Yes, show Insured's ABN:

Has the Insured claimed (or can claim) an Input Tax Credit for the GST on your insurance policy? No Yes

If Yes, show the amount the Insured intends to claim if it is less than 100% :%

3. Claim details

Address where loss/damage occurred.....

Time and date of loss: am / pm Date:/...../.....

Brief description of what happened:

.....
.....

4. Theft and/or malicious damage

Is a third party responsible for the loss/damage (including a tenant)? No Yes

If Yes, who?

If there were any witnesses, please advise their contact details, including telephone number:

.....
.....

Were the police notified? No Yes If Yes, please supply the following details:

(NB: You must report any loss, theft or vandalism to the police. We may need to apply for a copy of your report)

Police Officer's name: Station:

Police Report Number: Date:/...../.....

Have you taken any other action to reduce your loss?.....

.....

5. List of items lost, damaged or stolen

(If you need more space, please attach a separate sheet showing the information below for each item)

Do you own the following items? Yes No

Name of any other interested party (eg. Mortgagee):

Full description of each item lost, damaged or stolen	Month/Year purchased or acquired	Original purchase price (\$)	Input Tax Credit you can claim as a % of the total GST	Amount claimed (\$)
	/		%	
	/		%	
	/		%	
	/		%	
	/		%	
TOTAL				\$

If the damaged item is repairable, please attach **two original** quotes for repair. If the damaged item is unrepairable, attach the **original** receipt, valuation, quotes for replacement or certification from an authorised repairer that the item is unrepairable. If available, photographs of the damaged property should also be supplied to us.

6. Payment details

To whom do you want the claim cheque payable?.....

Do you want payment made by electronic funds transfer? If so, provide the payee's bank details:

Bank name: Bank branch:

Account Name: BSB: / Account No:

7. Declaration

(If a firm/company, the following declaration must be made and signed by a member of the firm, so describing himself/herself)

I/We declare that the above answers are true and correct to the best of my/our knowledge and that I/we have not withheld any relevant information that may affect the claim. I/We consent to ATC Insurance Solutions using my personal information provided on this form for the purpose of processing my claim.

Signed: Date:

Name in full (printed):

Position (if a firm/company):