

CLAIM FORM ➔

## General Claim Form

EXTF056

Call ATC for assistance on (03) 9258 177

1. Please answer all relevant questions and attach a separate sheet if more space is needed.
2. If you are completing this form as the property manager of a landlord, please show your contact details at 1.
3. Please forward your completed claim form with the relevant documentation to your insurance broker representative. Alternatively, you can send, fax or scan and email or delivery your completed form to the below and we will notify your insurance broker on receipt.

**ATC Insurance Solutions**  
**Level 4, 451 Little Bourke Street**  
**Melbourne VIC 3000**  
**Fax: (03 ) 9867 5540**  
**Email: [info@atcis.com.au](mailto:info@atcis.com.au)**

## Section 1 – Insured details

Full name of insured \_\_\_\_\_  
Trading as \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Postal address \_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_ Email \_\_\_\_\_  
Telephone B/H \_\_\_\_\_ Telephone A/H \_\_\_\_\_  
Mobile \_\_\_\_\_ Facsimile \_\_\_\_\_  
Type of policy \_\_\_\_\_ Policy number \_\_\_\_\_  
Policy Period: (from) \_\_\_\_/\_\_\_\_/\_\_\_\_ (to) \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section 2 – GST details

Is the Insured registered for GST purposes? Yes  No

If Yes, show Insured's ABN \_\_\_\_\_

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

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

## Section 3 – Claim details

Address where loss/damage occurred \_\_\_\_\_

Approximate time of loss: \_\_\_\_\_ am / pm \_\_\_\_\_ Date of loss: \_\_\_\_/\_\_\_\_/\_\_\_\_

Detailed description of what happened: (Please attach a separate sheet of paper if you need more space is required)

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## Section 4 – Theft and/or malicious damage

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

If Yes, who? \_\_\_\_\_

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

Witnesses name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Telephone \_\_\_\_\_

Were the police notified? Yes  No

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)

Officer's name \_\_\_\_\_ Police Station \_\_\_\_\_

Police Report Number \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

List the actions you have taken to reduce your chance of another loss occurring?

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

### Section 5 – Security Details

Was your vehicle/ property fitted with an active alarm system at the time the incident took place? Yes  No

### Section 6 – 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 (\$)
	/		%	
	/		%	
	/		%	
	/		%	
	/		%	
				\$

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.

### Section 7 – 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 \_\_\_\_\_

## Section 8 – Privacy statement

In this statement “we”, “us” and “our” means Lloyd’s and ATC Insurance Solutions (ATC) as its agent.

We are bound by the requirements of the Privacy Act 1988 (Cth), the Privacy Amendment (Private Sector) Act 2000 (Cth) and the Privacy Amendment (Enhancing Privacy Protection) Act 2012. This sets out standards on the collection, use, disclosure and handling of personal information.

Our Privacy Policy is available at [www.atcis.com.au](http://www.atcis.com.au) or by calling us on the number below.

We, and our agents, need to collect, use and disclose your personal information in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

We may disclose your personal information to third parties (and/or collect additional personal information about you from them) who assist us in providing the above services and some of these are likely to be overseas recipients in the United Kingdom. These parties which include our related entities, distributors, agents, insurers, claims investigators, assessors, lawyers, medical practitioners and health workers, and federal or state regulatory authorities, including Medicare Australia and Centrelink will only use the personal information for the purposes we provided it to them for (unless otherwise required by law).

Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your representatives or co-insureds). If you provide information for another person you represent to us that:

- you have the authority from them to do so and it is as if they provided it to us;
- you have made them aware that you will or may provide their personal information to us, the types of third parties

we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information and request correction if required. You may also opt out of receiving materials sent by us by contacting ATC on (03) 9258 1777 or write to us at the address given on page 1.

## Section 9 – 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.

- \* If you are completing this form as the property manager of the landlord, we have relied upon you to have advised your client that you will or may disclose their personal information to ATC Insurance Solutions for the purposes of processing their claim and to have obtained their consent to do so.

Signed \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name and title (please print) \_\_\_\_\_

Position (if a firm/company) \_\_\_\_\_