Property Claim Form

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company.

Please provide complete details to the questions asked on this form.

1. Your Details				
Policy Number	Expiry Date			
Name of Insured				
Address				
	Post Code			
Phone Number	Work/Mobile Number			
2. Incident Details				
Date of Occurrence	Time			
Where did the event occur?				
Please describe what happened				
3. Police				
Have you reported the incident to the				
No Yes. If yes, provide	e details:			
Police Station:				
Date & time reported:				
Police report number:				



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MBJ Insurance Solutions Authorised Representative No. 3314: Authorised Representative of Ausure Pty Ltd t/as Ausure Insurar Brokers ACN 096 971 854 Licence No: 238433
4. Burglary/Theft
Was any part of the property broken into?
☐ No ☐ Yes If yes, provide details:
How was entry gained?
5. Ownership and Other Insurance
Are you the sole owner of the damaged or lost property? No Yes. If no, provide details:
Are you able to make a claim with any other company/fund for an the property you are claiming now?
☐ No ☐ Yes. If yes, provide details:
Name of Insurer/Fund
6. Responsible Party
Do you know the name and address of the party that may be responsible for this incident? If so, please provide details:
Name:
Address:
Telephone Number:
If damage was caused by a vehicle please provide:
Make: Model:
Registration No: Colour:
Name of Insurer:
7. Witnesses
Name:
Address:
Tolophono Number:
Telephone Number:

8. Schedule

Please provide full details of your loss.					
Description of property damaged/stolen/lost	Year	Replacement	Cost of repairs	Amount	
	Purchased	Value	(if damaged)	claimed	
To avoid delays in processing, please include all original invoices, receip					
substantiate your claim Proof of ownership is required for stolen or los	st items i.e. purcnas	se invoices, recei	pts, valuations, et	.c.	
9. Previous Claims					
In the last three years have you had any property damaged lost or	11. Funds Trar	sfer			
stolen?					
□ No □Yes. If yes, provide details:			ettlement funds d		
	account we red	uest that you pr	ovide your banking	g details.	
	Bank:	Acco	unt Name:		
	BSB No:	Acco	unt No:		
10. Goods and Services Tax (GST)					
Please complete the declaration below and advise us of your GST	12. Declaration	n			
status.	4 1/14/				
I/We declare that the items claimed on this form are used solely	 I/We certify that the information given in this form is truthf accurate and complete. No information likely to affect this 				
for: Private/Domestic purposes	claim has been withheld. I/We understand that this claim r				
☐ Business purposes	be refused if information is untrue, inaccurate or conceale				
Please provide details if only part of your claim relates to property					
used for business purposes.					
	Insured/s				
	Signature				
	Date				
Please provide details of your GST status:					
☐ Not entitled to Input Tax Credit	L				
☐ Entitled. If less than 100% please state					
If you are entitled to an Input Tax Credit, please provide					
your A.B.N No:					