PROPERTY CLAIM FORM

**By carefully following this procedure, the impact on your business operations will be minimised.**

**There are number of steps which must be taken immediately:**

1. Report the incident to CoverMe Insurance Solutions by telephone, facsimile or email, wherever practicable, within 24 hours of the incident.
2. Regardless of whether or not the claim has been reported or a loss assessor appointed, you must immediately do whatever is necessary to prevent further loss of life or property damage. For example:

* Call the fire brigade, ambulance, police or other appropriate emergency service.
* If during business hours, ensure the evacuation, if necessary, of staff and neighbours.
* If critical machinery fails, commence investigations to locate replacement plant or services.
* Have a security company install boarding over smashed windows and, if appropriate, employ an overnight security watchman.
* Remove property which is exposed to further loss or damage to a more secure place if possible.
* Providing no danger to life or limb is involved, ensure the safe removal and storage of vital business records.

1. Complete all claims documentation as soon as practicable (ensuring your ABN No. and Input Tax Credit entitlement are included) and forward to assist@covermeinsurance.com.au with any supporting documents.
2. Whatever the circumstances of the incident, **DO NOT ADMIT LIABILITY EVEN IF YOU THINK YOU ARE AT FAULT**.

Your Insurer is entitled to deny a claim or pay a reduced amount if statements made by you or your employees prejudice the Insurer’s position.

It is impossible to give guidelines for procedures to follow in **every** claim, simply because of the nature of accidents –

* they cannot be predicted
* they do not follow set patterns

However, the above general procedures can be relied upon to cover most circumstances.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name(s) of Insured:**  ………………………………………………………  ………………………………………………………  ………………………………………………………  ……………………………………………………… | | **Address of Insured:**  ………………………………………………………  ……………………………………………Postcode ………………  **Telephone Numbers:**  **Business Hour** (…..) ……………………….…………………..  **After Hour** (…..) …………………………………………... | |
| **Insurer:** | **Policy No:** | | **Expiry Date:** |
| ……………………………………….. | ……………………………………….. | | ……. / ………………… / 20…… |

**1. Policy Details**

**2. General Details of Loss / Damage**

|  |  |  |  |
| --- | --- | --- | --- |
| **Location of loss / damage** | ……. / ………………… / 20…… | | |
| **Actual date of loss / damage** | ……. / ………………… / 20…… | **Approximate time of loss / damage** | ……………………… am/pm |
| **Was the lost/damage property:**   1. **subject to a Lease or an Agreement?** 2. **Covered under another insurance policy?** | YES  No  YES  No  If YES to either or both, please give details:  ………………………………………………………………………………………………… | | |
| **What steps have been taken to recover the lost property or minimise damage to the property?** | …………………………………………………………………………………………………  …………………………………………………………………………………………………  ………………………………………………………………………………………………… | | |
| **Describe as fully as possible the circumstances and cause of the loss/ damage.** | …………………………………………………………………………………………………  …………………………………………………………………………………………………  ………………………………………………………………………………………………… | | |
| **How was the loss/ damage discovered?** | …………………………………………………………………………………………………  …………………………………………………………………………………………………  ………………………………………………………………………………………………… | | |
| **Were the police notified?** | Yes  No  If Yes, please state:   |  |  | | --- | --- | | 1. date of report: | ………. / …………. / ………. | | 1. approximate time of report: | ………………… am / pm | | 1. Name of Police Station: | …………………………………………………………………… | | 1. Name of Police Officer: | …………………………………………………………………… | | | |
| **Has any property been recovered?** | Yes  No *(If Yes, please give details)*  …………………………………………………………………………………………………  ………………………………………………………………………………………………… | | |
| **Was any other party responsible for the loss/ damage?** | Yes  No *(If Yes, please give details)*  …………………………………………………………………………………………………  ………………………………………………………………………………………………… | | |
| **Has anyone been charged for the loss/ damage?** | Yes  No *(If Yes, please give details)*  …………………………………………………………………………………………………  ………………………………………………………………………………………………… | | |

**3. Complete this section for Personal Valuables / Burglary / Theft**

|  |  |
| --- | --- |
| **How were the premises entered?** | …………………………………………………………………………………………………  …………………………………………………………………………………………………  ………………………………………………………………………………………………… |
| **Were the premises occupied at the time of loss?** | Yes  No  If No, please state:   |  |  | | --- | --- | | 1. date last occupied: | ………. / …………. / ………. | | 1. Approx. time last occupied: | ………………… am / pm | |

**4. Complete this section for Fire / Damage to Premises**

|  |  |
| --- | --- |
| **Who was in the premises at the time of damage?** | …………………………………………………………………………………………………  ………………………………………………………………………………………………… |
| **For what purpose?** | …………………………………………………………………………………………………  …………………………………………………………………………………………………  ………………………………………………………………………………………………… |

**5 Complete this section for Transit Loss / Personal Baggage**

|  |  |
| --- | --- |
| **Total value of goods carried** | $ ………………………………..  ***Note****: Personal baggage claims must be accompanied by the original Policy document.* |
| **If travelling by road/ air/ rail, please advise the name of carrier and tour agent.** | …………………………………………………………………………………………………  …………………………………………………………………………………………………  ………………………………………………………………………………………………… |

**6. Statement of Claim**

| **Description of Property / Article lost, stolen, damaged or destroyed** | **Date of Purchase** | **Purchase Price ($)** | **Replacement Cost ($)** | **Net Amount Claimed ($)** |
| --- | --- | --- | --- | --- |
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|  |  |  |  |  |
|  | **Total amount of loss claimed $** | | |  |

**7. Complete this section for ALL Claims – ABN Details**

|  |
| --- |
| Are you a registered business?  Yes  No |
| What is your ABN? ABN No: …………………………………... |
| What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred? ……………..% |

**8. Declaration**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.  I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed “Your Privacy”.   |  |  |  |  | | --- | --- | --- | --- | | Name of Claimant(s) |  |  |  | |  |  |  |  | | Signature of Claimant(s) |  |  |  | |  |  |  |  | | Position held |  |  |  | |  |  |  |  | | Date |  |  |  | |

**YOUR PRIVACY**

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you

* We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
* If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
* We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
* Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, information about where the insurer is located is set out below:

By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above. Coverme Insurance Solutions Pty Ltd are committed to protecting your Privacy. For more information about our Privacy Policy, please ask us for a copy or view [here](https://www.cbnet.com.au/privacy/)