



HOME CLAIM REPORT

POLICY HOLDERS DETAILS

1. Policy Number (From your schedule) Expiry Date
2. Insured (Surname, Company, Partnership, Occupation)
Given Name(s) of the Insured Contact Person (for the company or partnership)
3. Are you registered for GST Purposes?
No Yes what is your ABN?
Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?
No Yes Percentage Claimable
4. Address
5. Contact Number
6. When did the loss, theft or damage happen?

INCIDENT DETAILS

- | Date | Time | A.M | P.M |
|------|------|-----|-----|
|------|------|-----|-----|
7. Describe what happened
 8. Address where the loss, theft or damage occurred
 9. Who discovered the loss, theft or damage?
 10. Where there any witnesses to the loss, theft or damage?
No Yes Name

Address

Contact Number

**You must Report any loss, theft or vandalism of property to the police.
We may need to apply to the police for a copy of this report**

11. Name of Police station loss recorded Name of Police Officer

Police Report Number Date Reported

You must Report any loss caused by fire to the brigade

12. Name of Fire Station loss recorded Date Reported

13. Is the property repairable?

Yes – Attach a quote for repairs

No – Attach original receipts, valuations, quote for replacement or certification from a
repairer confirming the item is unrepairable

14. Do you owe money on the property lost, stolen or damaged?

No Yes Lenders Name

Approximate Amount Owing

15. Have you had any previous losses or made any claims for loss, theft or damage on any insurer in the
past five years where you claimed for them or not?

No Yes Tell us what happened

16. Has any insurer refused or cancelled cover or required special terms to insurer you?

No Yes Tell us what happened

17. Have you been charged with or convicted of, any criminal offence in the last ten years?

No Yes Tell us what happened

DECLARATION

Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

Signature of Insured or person with authority to sign
For and on behalf of a company or partnership

Date