Property Loss Claim Form



|  |
| --- |
| **Property Loss Claim Form**Please complete this form to the extent possible.Please note that information provided in this form will be used to assess the claim you are making and the accuracy of this information will be relied on by insurers. |
| Insured |  |
| Policy reference |  |
| Insurer |  |
| **Contact Information** |
| Contact Name |  |
| Contact Address  |  |
| Contact Phone |  |
| Contact Email |  |
| Broker |  |
| Broker Phone |  |
| Broker reference |  |
| **Good And Service Tax – To ensure that you do not incur any unnecessary GST liability on this claim, please advise your:** |
| ABN:  |  | Registered for GST: Yes [ ]  No [ ]  |
| Entitlement to ITC % in respect of  | Premium % | Claim % |
|  |  |
| **Incident Details** |
| Please describe the nature and events of the incident that is the subject of your claim.Please attach any separate documentation that you consider may assist in insurer’s understanding of this incident. |  |
| When did this incident occur? (Date and Time) |  |
| **Contents Loss** Please mark any question not relevant to your situation as "n/a" or "not applicable"Anyone entering information in this form for any claim should refer to the important notices at the end of the form and sign the declaration on the final page |
| When was the loss discovered? |  |
| Who discovered the loss? |  |
| Do you know who was responsible or this loss? (If so, please provide details) |  |
| Did the police attend the incident? If so, please provide any details (e.g. officer or station name and number and the date it was reported to them) |  |
| Please add any further information that you consider may be useful to insurers |  |
| **Loss Details**  |
| **Description of Item** | **Date Purchased** | **Amount Claimed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Please continue on a separate sheet if required |
|  |
|  |
| **Property Damage** |
| Did the fire service or State Emergency Service attend the incident? - If so please provide any details such as the station name, the date on which they attended and any incident number. |  |
| Did any utility providers (such as gas or electricity providers) attend the incident? – If so please provide the company details and any reference number. |  |
| Please add any information that may assist us in assessing the extent of loss (e.g. how much damage was caused and to what percentage of the property) |  |
| **Important Notices****To be read and signed by person completing this form** |
| If you have received estimates for the cost of repair or replacement of lost or damaged items, at the time of completing this form, these should be attached to this claim form. |
| If you have receipts for repair work already completed, please attach them to this claim form. |
| Please do not destroy or dispose of the damaged property until we give permission, we may need to inspect it. |

|  |
| --- |
| **Privacy Statement** |
| DWF Claims is committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing this claim. We may need to provide that information to your brokers or representatives, to your underwriters, their reinsurers (and their representatives) and those that we (or they) appoint to assist us with the claim. We will not trade, rent or sell your information. |
| If you don’t provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time. |
| If you provide us with the personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purpose for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. |
| **EFT Details**  |
| Account Name: |  |
| BSB:  |  |
| Account Number: |  |
| **Declaration**  |
| I/We hereby declare that we have read and understood the Important Notices and Privacy Statement above and agree to them. |
| Name |  |
| Date |  |
| Signature |  |

|  |
| --- |
| Insurers ("we" and "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and versions of this statement in other languages, the English version shall prevail.**PRIVACY POLICY**Insurers take your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. Insurers take precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purpose. Insurers imposes very strict sanction controls and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purpose. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.**Personal Information Collection Statement** Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products (“the Product”) that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any document in relation to the Product or any claim made under the Product.Your personal data may be used for below **obligatory purposes.** Failure to supply such data for obligatory purpose may result in insurers being unable to provide the Product.The **obligatory purposes** for which your personal data may be used are as follows:-* our daily operation and administration of the services and facilities in relation to the Product provided to you;
* variation, cancellation or renewal of the Product;
* assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
* exercising any right of subrogation by us.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:* our related, subsidiary or affiliated companies;
* any other company carrying out insurance or reinsurance related business;
* any association or federation of insurance companies that exists or is formed from time to time; or
* any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to insurers.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry. Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us, and to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please ask for contact details of the Data Protection Officer.  |