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## GENERAL PROPERTY CLAIM FORM

Broker:		Policy No:	
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Full Name:		Phone:	
Trading Name:		Your ABN:	
Address:		Suburb:	
State:		Postcode:	
What percentage of GST on Premium has been applied as an Input Tax Credit?			%

### THE PREMISES

Nature of trade or business:			
Are premises owner occupied / rented / leased by you?			
Type of premises (e.g. House / unit / factory / store / office etc). Please specify:			
Age of building (Year):			
If you are a tenant - are you liable for damage under the terms of your Lease/Tenancy Agreement?	<input type="radio"/>	<input type="radio"/>	
	Yes	No	
Construction - (Please select as appropriate):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Brick	Wood	Fibro
	<input type="checkbox"/> Other – describe below:		

### CLAIM DETAILS

Date of loss:		Time am/pm:	
Who discovered the loss?			
Address where loss/damage occurred:			
Suburb:		Post code:	
		Phone:	
What type of property has been lost or damaged? (E.g. Buildings, contents, stock etc):			
Type of damage (e.g. storm, water damage, fire etc.)			

How did the loss occur?

**WITNESS**

Were there any witnesses to the incident?	<input type="radio"/>	<input type="radio"/>	
	Yes	No	

If "Yes" please give details:

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Name:		Phone:	
Address:		Suburb:	
State:		Postcode:	

**CLAIMED LOSS / DAMAGE**

DESCRIPTION AND QUANTITY OF PROPERTY FOR WHICH LOSS IS CLAIMED (INCLUDE MODEL NUMBERS)	DATE OF PURCHASE OR ACQUISITION	ORIGINAL PURCHASE PRICE	DEDUCTION FOR AGE AND USE	WHERE PURCHASED?	AMOUNT BEING CLAIMED
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
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		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$

To avoid delay in the processing of your claim, it is important that you attach documentation to support ownership of all property claimed, e.g. original invoices, owner's manuals, photos, receipts etc.

<b>Bank details.</b>	
<b>Name</b>	
<b>BSB</b>	
<b>Account number</b>	

## YOUR CLAIM HISTORY

Has any person covered under this insurance policy ever sustained a loss during the past 5 years?

Yes

No

If "Yes", please give full details including the name of the previous insurers.

Date	Details	Insurer	Amount of claim
			\$
			\$
			\$

## DECLARATION

I/We declare that to the best of my knowledge and belief, the information provided on this claim form and in any attached documentation is true and correct and that I/We have not withheld any relevant information.

I/We consent to Proclaim and/or its agent using the personal information I/We have provided for the purpose of processing my claim. I/We understand that if I/We choose not to provide the required details, this is my/our choice; however, Proclaim and/or its agent may not be able to process my/our claim.

I/We consent to Proclaim and/or its agent disclosing my/our personal information to other insurers, an insurance reference service, claims adjusters, lawyers and other consultants or as required by law.

I/We also consent to Proclaim and/or its agent disclosing my/our personal information to and/or collecting additional information about me/us, from investigators or legal advisors.

I/We acknowledge that I/We have read and understood the Privacy Statement and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim.

I/We acknowledge that if I/We do not agree to the collection of this personal information then Proclaim and/or its agent will be unable to process my/our claim.

Date:

Signature of Insured:

Position held within company:

## YOUR DUTY OF DISCLOSURE

### Your Duty of Disclosure

Before You enter into a contract of general insurance with an insurer, You have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter which you know or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have that same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows, or in the ordinary course of business as an insurer, ought to know;
- as to which compliance with your duty is waived by the insurer.

### Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Proclaim handles your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. Proclaim collects personal information about you to provide you with insurance and insurance related services.

Where you provide us with personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek.

For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit [www.proclaim.com.au](http://www.proclaim.com.au)