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### General Claim Form

The Issue of this Form is not an Admission of Liability by Insurer

Policy #:

Claim #:

Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.

#### The Insured

Surname:

Other Names:

Title:  Mr  Mrs  Miss  Ms

Address:

Postcode:

Occupation:

Phone Private:  Business:

Fax No.:  Mobile:

Email Address: \*

Contact name:

Are you registered for GST?  Yes  No

If Yes, what is your ABN?

Have you claimed an input tax credit on the GST amount applicable to this policy?  Yes  No

If Yes, is the amount claimed less than 100% of the GST applicable to the premium?  Yes  No

If Yes, specify amount claimed:

Are you entitled to claim an input tax credit for the repairs or replacement of the vehicle?  Yes  No

If Yes, is the amount claimable less than 100%?  Yes  No

If Yes, specify amount claimed:

### The Premises

Nature of trade or business:

Are the premises owner occupied/rented/leased?

Age of building: (year)

Type of premises: (eg house/unit/factory/store/office, etc)

If you are a tenant - are you liable for damage under the terms of your lease/tenancy agreement?  Yes  No

Construction: (eg brick/wood/fibro, etc)

### The Loss

Date of loss:   (dd/mm/yyyy)

Time: (am/pm)

Who discovered loss?

Address where loss/damage occurred:

Postcode:

Phone No.:

What type of property has been lost or damaged? (Eg Buildings, content, stock, etc)

Type of damage: (eg Storm, water damage, fire, etc)

How did the loss occur?

### Complete this section for storm damage claims only

Through what type of opening did wind, rain or water enter building?

Did a storm cause this opening?  Yes  No

If Yes, how?

### Claim Information

Was any person responsible for causing the loss/damage?  Yes  No

if Yes,

Name:

Address:

Postcode:

Business phone:

Private phone:

In your opinion why is that person responsible for the damage?

### Action taken (If a Police Matter)

Which police station was the incident reported to?

When reported?

  (dd/mm/yyyy)

Name of the police officer:

What is the police reference No.?

Has any arrest been made?

Yes  No

If Yes, give details:

Is anyone suspected of the loss?

Yes  No

If Yes, give details:

Has any of the property been recovered?

Yes  No

If No, what steps have been taken to recover the stolen property?

### Witness

Were there any witnesses to the accident?

Yes  No

If Yes, please give details:

Name:

Address:

Postcode:

Business Phone:

Private Phone:

### Other Interests

Does any person or organisation have an interest in the property, which is the subject of this claim?  Yes  No

If Yes, please give details:

Name:

Address:

Postcode:

Phone No.:

Interest:

(eg Mortgage, Bill of Sale, etc

Is there another insurance coverage (including Medical Fund) covering the lost/damaged property?  Yes  No

If Yes, please give details:

Insurer:

Policy No.:

Amount:

Address:

Postcode:

### Your Claim History

Has any person covered under this insurance policy ever sustained a loss during the past five years?  Yes  No

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

Date	What Happened	How did it happen	Amount of claim
<input type="text"/> (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Insurance Company	Address	
	<input type="text"/>	<input type="text"/>	

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Date	What Happened	How did it happen	Amount of claim
<input type="text"/> (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Insurance Company	Address	
	<input type="text"/>	<input type="text"/>	

Date	What Happened	How did it happen	Amount of claim
<input type="text" value="(dd/mm/yyyy)"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Insurance Company	Address	
	<input type="text"/>	<input type="text"/>	

If more than 3 cases, please attach details here:

 

### Claimed Loss / Damage

Description and quantity of property for which loss is claimed (include model No.)	Date of Purchase or Acquisition	Original purchase price
<input type="text"/>	<input type="text" value="(dd/mm/yyyy)"/>	<input type="text"/>
Where purchased	Deduction for Age and Use	Amount being claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>

Description and quantity of property for which loss is claimed (include model No.)	Date of Purchase or Acquisition	Original purchase price
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Where purchased	Deduction for Age and Use	Amount being claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>

If more than 3 instances, please attach details here:

 

General remarks:

(any further information you consider relevant)

To avoid unnecessary delay in processing your claim, it is important that you attach documentation to support :

- 1 Ownership of all property claimed, eg. Original invoices, owners manuals, photos, receipts, etc...
- 1 The repair / replacement of your loss. Eg. Original invoices, receipts, etc... by trade suppliers / repairers – itemising the precise nature of their quotation or work under taken eg. Size, model, type, age, hours, cost of labour, parts, prices...

Attachment:

Attach any supplementary information here

Browse...

\* I Indicates a mandatory field.

Submit

## Privacy

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

## Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

## Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I/We acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.
4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## How To Get Quick Action On Your Claim

1. Complete the attached form and return to our office. If an assessor is appointed, give them the forms.
2. Attach all original quotations or invoices obtained for replacement of or repair to the damaged or missing property. Photocopies are not accepted as a rule.
3. Attach original valuations and receipt of purchases whenever possible.
4. Advise the Police immediately in the event of loss by burglary, housebreaking, theft, suspected malicious damage. Also make sure the premises are secure to avoid further incidents. Note: Police reports are very slow so if you can obtain one at the time the report is taken, then this will save valuable time or at least obtain a copy or report number.
5. Attach any letter of demand or other correspondence that you may receive from any Third Party.
6. Do not make any admission of liability for loss or damage caused by you to the Third Parties.

#### *WHAT WE WILL DO - IF THE PAPERWORK IS CORRECT AND COMPLETE:-*

- | Submit the claim form to the Insurer
- | If the claim has not been paid within 30 days we will contact the Insurer and then advise you accordingly
- | We will then follow up the claim when necessary until settlement is reached, however, please feel free to call at any time

#### *WHAT AN ASSESSOR WILL DO:-*

- | An assessor is an independent person who is appointed by the Insurer for their expertise in helping you finalise a larger or more difficult claim
- | They will interview and obtain details of a loss and arrange for quotes and prepare the necessary paperwork
- | The assessor is your contact point
- | The assessor will write a report to the Insurer recommending a course of action
- | This can take time depending on their work load and Police Reports
- | The Insurer will not act until these reports are received and although not bound by the assessor recommendations, the Insurers usually accept these reports.
- | If you are unhappy with any aspect of the claim, advise the assessor. If he is unable to correct the problem then contact us immediately. We will not know of any problem without being advised.
- | If you are unhappy with the assessor's responses, contact us immediately.