

GENERAL CLAIM NOTIFICATION FORM

For all claims **EXCEPT** motor vehicle

THE INSURED

Full Name		Contact Details	Private:
Address:			Business:
			Mobile:
			Email:

What is your Occupation, Trade or Profession? [including part-time]

POLICY DETAILS

Policy Number	Policy Expiry Date	Insurer's Name
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DETAILS OF WHEN, WHERE AND HOW THE LOSS OR DAMAGE OCCURRED

Date of the loss, or damage, or the date of when it was first discovered / /

Where did the loss or damage happen?

<input type="text"/>
<input type="text"/>
<input type="text"/>

How did the loss or damage happen? [if the loss or damage was a result of theft from a building, please state how entry was gained.]

<input type="text"/>
<input type="text"/>
<input type="text"/>

Who was responsible for the loss or damage? [if the loss or damage was a result of theft or burglary, please state 'unknown'.]

<input type="text"/>
<input type="text"/>
<input type="text"/>

If the police have been notified, please state the Police Event Number

<input type="text"/>

IF THE PROPERTY WAS LOST OR STOLEN, PLEASE ANSWER THE FOLLOWING

Has a thorough search been made and notification been sent to shop owners, hotel proprietors or others who might be able to assist in location the property? If so, please give details.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

If the police have been notified, please state the Police Event Number

<input type="text"/>

NB: Please complete further details on next page.

Describe the nature and extend of damage	
If the loss or damage was caused by someone who is not a member of your household, e.g. a tradesman, please state name and address of the persons company.	Name: Address: Postcode:
Were the police notified	YES NO [Delete as appropriate]
When and at which Police Station was the report made?	Date:/...../..... Time: Police Station:
Are you the sole occupier?	YES NO [Delete as appropriate]
If NO, give details of other occupants	
Were you actually residing there at the time of the loss?	YES NO [Delete as appropriate]
If not, what was the last time and date when you were on the premises prior to the loss?	Time: a.m./p.m. Date: / /
If the property is also insured against loss or damage with any other insurer, please state Name of Insurer Policy Number	

PLEASE COMPLETE FOR THIRD PARTY CLAIMS

<i>Details of injury or damage to Third Parties:</i>	
(a) Name:	
(b) Address:	
(c) Occupation:	(d) Age:
(e) Nature and extent of injuries/damage 	
(f) Has the third party any relationship to you (e.g. relative/employee?)	
(g) Have you receive any correspondence from third parties? If so, please enclose them with this form.	
(h) Have you made any admission of liability?	

NB: Please complete further details on next page.

GOODS AND SERVICES TAX

To ensure you do not incur any unnecessary GST liabilities on this claim please complete these details

Are you registered for GST purposes?

No Yes → What is your ABN? If you registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy?

No Yes → Is the amount being claimed less than 100% of the GST applicable to the premium? No Yes → Specify the percentage amount claimed %

Please note that this information is used by the insurer for their own GST calculations and will not effect your claim.

DECLARATION

(If a firm, this declaration must be made and signed by a member of the firm, so describing himself)

I/We do hereby declare that the foregoing answers are true and correct, that I/We have in no manner wilfully caused the said loss, or by any fraud or misrepresentation sought unjustly to benefit by the said event, and that the information detailed in the Schedule appearing on the back hereof is a true and faithful account of the actual loss sustained excluding any profit or advantage.

AND I/We hereby undertake and agree to notify The Taggart Group Pty Ltd or our insurer immediately if any of the lost or stolen property mentioned in this claim notification is subsequently recovered. I/We further undertake and agree that if this claim is finalised, if any of the lost or stolen property is subsequently recovered, [at the option of our insurer] to return the property or to refund the amount of money received by way of compensation in respect thereof.

Dated at _____ this _____ day of _____ 20 _____

Signature of Insured _____

Position with Company [if applicable] _____

NB: PLEASE COMPLETE SCHEDULE ON BACK

BUILDING DAMAGE - DETAILS OF CLAIM

Estimated full cost of the repairs [including GST]	\$ <input type="text"/>	If you have obtained estimates accounts, please attach and send them with the completed claim notification form. NB: If you are still waiting on estimates, don't delay sending us the claim notification form. Tick box if estimates are being obtained and are to Be sent later.
Actual cost [if all work has been done]	\$ <input type="text"/>	
Less GST Input Tax Credit	\$ <input type="text"/>	
How much are you claiming?	\$ <input type="text"/>	

If you are not the owner of the building please state

Name of owner:

Address:

.....

Postcode:

Why do you have to pay for the repairs? [e.g. terms of lease]

SCHEDULE

(1) PLEASE COMPLETE FOR **LOSS** OF PROPERTY/CONTENTS/VALUABLES

Description of property for which loss is claimed	Owner address	Date of purchase or acquisition	Replace cost \$ [include GST]	Amount of loss or damage claimed \$
TOTAL ESTIMATED AMOUNT OF LOSS CLAIMED				\$

