



GENERAL CLAIM FORM

The Insured

Full Name(s) of Insured					
Address				State	
				Postcode	
Policy Number		Expiry Date			
Are you registered for GST		No <input type="checkbox"/> Yes <input type="checkbox"/>	What is your ABN		
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to this Policy?		No <input type="checkbox"/> Yes <input type="checkbox"/> - Will you be claiming an amount less than 100%?			
		No <input type="checkbox"/> Yes <input type="checkbox"/> - Specify amount claimed		%	
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?		No <input type="checkbox"/> Yes <input type="checkbox"/> - Will you be claiming an amount less than 100%?			
		No <input type="checkbox"/> Yes <input type="checkbox"/> - Specify amount claimed		%	
Contact Numbers		Business Phone No.		Home Phone No.	
		Fax No.		Mobile Phone No.	

The Property

Are you the owner of the lost or damaged property?		Yes <input type="checkbox"/> No <input type="checkbox"/> - Give details	
Was there any other insurance covering this loss or damage current at the time of the occurrence?		Yes <input type="checkbox"/> No <input type="checkbox"/> - Give details	
Name of Insurer		Policy Number	
Does any other party have an interest in the lost or damaged property the subject of the claim?		Yes <input type="checkbox"/> No <input type="checkbox"/> - Give details	
Name		Telephone	

The Premises

Where did the loss or damage occur?			
Address			
		State	Postcode
Describe the premises (i.e. Home, Factory, Commercial Building)			
Are the premises tenanted? No <input type="checkbox"/> Yes <input type="checkbox"/> - Give details of tenant?			
If tenanted, are you the tenant?		Yes <input type="checkbox"/> No <input type="checkbox"/> - Give details of building owner	
Were the premises occupied at the time of the loss?		Yes <input type="checkbox"/> No <input type="checkbox"/> - Give details of when last occupied	
Name		Time	Date

Incident Details

Date of Incident		Approximate Time	
How did the loss or damage occur?			

Was another person responsible for the damage? No <input type="checkbox"/> Yes <input type="checkbox"/> - Give details					
Name					
Address				State	
				Postcode	

Details of Previous Loss or Damage

Have you ever suffered any loss, damage or theft at this address or elsewhere in the last 5 years? No <input type="checkbox"/> Yes <input type="checkbox"/> - Give details		
Describe loss, damage or liability	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Have you made a claim on any insurer for any of the above mentioned incidents? No <input type="checkbox"/> Yes <input type="checkbox"/> - Give details		
Insurer	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$

COMPLETE RELEVANT SECTIONS PERTAINING TO YOUR CLAIM

Breakage of Glass – Please attach invoice or quotation

What was broken?		
Was the break through the entire thickness of the material?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the break been repaired?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, have you paid the account? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was there damage to window sign writing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Storm and Water Damage

Describe the damage	
How did the Wind, Rain or Water enter the premises?	
Did the storm cause this opening?	No <input type="checkbox"/> Yes <input type="checkbox"/> - Give details

Fusion (Damage by Electric Current to Motors)

Type of appliance to which motor is a part – please indicate if this appliance is built in or transportable.		
How many kilowatts is the motor?	Kilowatts	
How old is the appliance?	Years	
Is the motor under warranty?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Has the damaged motor been repaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Is the appliance a swimming pool pump?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Has the motor been previously replaced?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Years
A full report from the electrical contractor who completed the repairs <u>must</u> accompany this form. Failure to provide this report may delay your claim.		

Theft or Burglary – Please attach original purchase docket, invoices or receipts

How were the premises entered and where was the point of entry?	
Which parts of the premises were entered?	
Have the police recovered any property?	No <input type="checkbox"/> Yes <input type="checkbox"/> - Give details

Security Details

Are any of these used to provide security to the premises?			
Double keyed deadlocks on all external doors	<input type="checkbox"/>	Monitored alarm	<input type="checkbox"/>
Keyed window locks on all accessible windows	<input type="checkbox"/>	Fixed Safe	<input type="checkbox"/>
Local alarm	<input type="checkbox"/>	Free standing safe	<input type="checkbox"/>
Grilles on all accessible windows and doors	<input type="checkbox"/>		
Did the device activate as a result of theft? No <input type="checkbox"/> Yes <input type="checkbox"/>			
ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE			

Police Details

Have the police been notified? No <input type="checkbox"/> Yes <input type="checkbox"/> - by whom			
Police Station		Telephone	
Name of Officer		Date notified	
Crime Report No.			
Please attach a copy of Police Report, if available.			
If the damage is the result of fire, did the fire brigade attend? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Details of Claim – Please attach quotations.

BUILDING DAMAGE		
Particulars	Name of Repairer	Amount Claimed
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

LOSS OR DAMAGE TO OTHER PROPERTY				
Description of Property (include serial number)	Where Purchased	When Purchased	Value at Time of Loss	Replacement Value

Declaration and Authorisation

The information and answers given above are true, correct and complete in every detail			
<ol style="list-style-type: none"> 1. I/We understand the claim may be refused if information is not true or is withheld. 2. I/We authorise our insurer to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract. 			
Signature of Insured		Date	
Signature of Insured		Date	

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM

Return the completed form to your Country Wide Insurance Brokers local office

Perth

3rd Floor 170 Burswood Rd
Burswood WA 6100
P (08) 9472 6622
F (08) 9472 6633

Cunderdin

59 Main St
Cunderdin WA 6407
P (08) 9635 1539
F (08) 9635 1139

Mandurah

1/11 Davey St
Mandurah WA 6210
P (08) 9535 9220
F (08) 9535 9221

Northam

Suite 8,210 Fitzgerald St
Northam WA 6401
P (08) 9622 7677
F (08) 9622 7655

Narrogin

Suite 5 Paringa Prof Centre
2 Williams Rd
Narrogin WA 6312
P (08) 9881 2221
F (08) 9881 3001

Bunbury

49 - 51 Marlston Dve
Bunbury WA 6230
P (08) 9791 1786
F (08) 9791 1723

Katanning

66 Clive Street
Katanning WA 6317
P (08) 9821 2130
F (08) 9821 2138

Moora

9 Berkshire Valley Rd
Moora WA 6510
P (08) 9651 1526
F (08) 9651 1743

Geraldton

5 Wiebbe Hayes Lane
Batavia Marina
Geraldton WA 6530
P (08) 9921 3020
F (08) 9964 6777

AFSL No: 238717