



# General Claim Form

(If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.)

## **HOW TO GET QUICK ACTION ON YOUR CLAIM**

1. Complete the attached form and return to our office. Please complete all questions to prevent any processing delays. 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.
3. Attach original valuations and receipt of purchase 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.
5. Attach any letter of demand or other correspondence that you may receive from any Third Party. Forward any communications to our office immediately.
6. Do not make any admission of liability for loss or damage caused by you to a Third Parties. If anyone holds you responsible for their damage/accident/injury, insist on their claim in writing.

NB: Do not authorise your own repairs, unless it has been instructed by your Broker, Assessor or Insurer

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

- Submit the claim form to the Insurer
- Provide assistance &/or advice when required
- We can follow up the claim when necessary until the claim is finalised, 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 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.

Claim No:

## 1. Policy Details

<b>Full Name(s) of Insured:</b> ..... ..... ..... .....	<b>Address of Insured:</b> ..... ..... Postcode..... <b>Telephone No:</b> <b>A/H</b> (.....) ..... <b>B/H</b> (.....) .....	
<b>Insurer:</b>	<b>Policy No:</b>	<b>Expiry Date:</b> /    /

## 2. General Details Of Loss / Damage

Where did event occur?		
Date of Event	/    /20	Approx time of loss/damage                      am/pm
Brief description (including cause of loss or damage)	..... ..... .....	
Amount Claimed (as shown on Schedule on next page of this form)	\$	
Is any Third Party to blame for loss or damage?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give details) ..... .....	
Have you received, or do you anticipate receiving, notice of any claim from or on behalf of Third Parties?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give details) ..... .....	
Give details of all witnesses, if any:	Name	Address
	..... .....	..... ..... Postcode.....
	..... .....	..... ..... Postcode.....
Were the Police notified?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please state): (i) date of report                      ...../...../..... (ii) Name of Police Station:                      .....	
Have you taken any action to recover or reduce your loss?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give details) ..... .....	

### 3. Other Particulars

Name of Owner of property lost/damaged	..... .....
Name of any other interested party (eg, Mortgagee, Trustee)	..... .....
Details of any other insurances covering lost/damaged property	..... .....

### 4. ABN Details

Are you a registered business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What is your ABN?	ABN No:
Have you claimed an input tax credit on the <b>GST</b> amount applicable to this <b>total policy</b> ? No Yes				
If "Yes" is the amount claimed less than 100% of the <b>GST</b> applicable to the <b>total policy premium</b> ? No Yes				
If "Yes" specify the percentage of the amount claimed. _____%				
Are you entitled to claim an input tax credit for repairs or replacement for <b>this particular claim</b> ? No Yes				
If "Yes" is the amount claimable less than 100%? No Yes				
If "Yes" specify the Percentage of the amount claimable. _____%				

### 5. Declaration

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify COUNTRY WIDE INSURANCE BROKERS in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Full name of claimant(s)  
(please use block letters) .....

.....

Signature(s) ..... Date: ...../...../.....

.....

..... Date: ...../...../.....

## SCHEDULE

(1) PLEASE COMPLETE FOR **LOSS OF PROPERTY**:-

Description of property for which loss is claimed	Date of Purchase or Acquisition	Original Cost	Value at time of Loss- allowing for reasonable Depreciation	Value of Salvage (if any)	Amount of Loss or Damage Claimed
<b>TOTAL AMOUNT OF LOSS CLAIMED</b>					\$

(2) PLEASE COMPLETE FOR **DAMAGE TO PROPERTY**:-

Particulars	Name of Repairer (Invoice/Quote)	Cost of Repairs	
<b>TOTAL REPAIRS</b>			\$
<b>TOTAL AMOUNT CLAIMED</b>			\$

(3) PLEASE COMPLETE FOR **FUSION DAMAGE**:-

Machine/Appliance	Maker	Date of Purchase	H.P. of Motor	Name of Repairer Invoice/Quote Attached	Cost of Repairs
<b>TOTAL REPAIRS</b>					\$
<b>LESS EXCESS</b>					\$
<b>NET AMOUNT CLAIMED</b>					\$

(Note – To Avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable)

(4) PLEASE COMPLETE FOR **THIRD PARTY CLAIMS**:-

Details of injury or damage to third parties:- a) Name ..... b) Address ..... c) Occupation ..... d) Nature and extent of injuries/damage ..... ..... e) Has the third party any relationship to you (eg. relative, employee)? ..... f) Have you received any correspondence from third parties? ..... If so, please enclose them with this form. g) Have you made any admission of liability? .....
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## YOUR PRIVACY

The Privacy Act 1988 requires COUNTRY WIDE INSURANCE BROKERS to make the following disclosure before collecting personal information about you after 21 December 2001:

- ◆ COUNTRY WIDE INSURANCE BROKERS collects personal information in order to provide it's various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- ◆ If the personal information COUNTRY WIDE INSURANCE BROKERS requests from you is not provided, COUNTRY WIDE INSURANCE BROKERS or any involved third party may not be able to provide the appropriate services.
- ◆ COUNTRY WIDE INSURANCE BROKERS discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs COUNTRY WIDE INSURANCE BROKERS may provide information(including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, it's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process. By signing this form and continuing to deal with us, you confirm on your behalf and/or on behalf of those you represent consent to COUNTRY WIDE INSURANCE BROKERS and these parties collecting, using and disclosing personal and sensitive information about you.
- ◆ COUNTRY WIDE INSURANCE BROKERS has a duty to maintain the confidentiality of it's client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of your personal information is with your consent or required by law.
- ◆ COUNTRY WIDE INSURANCE BROKERS may make use of your personal information to provide you with information about it's products and services.

Further details on the COUNTRY WIDE INSURANCE BROKERS Privacy Policy are on our website: [www.cwib.com.au](http://www.cwib.com.au)

### Contact us

Simply contact the COUNTRY WIDE INSURANCE BROKERS Privacy Officer on the details below if you would like to:

- ◆ Access the personal information COUNTRY WIDE INSURANCE BROKERS hold about you
- ◆ Update or correct the information COUNTRY WIDE INSURANCE BROKERS holds about you
- ◆ Discuss your privacy concerns
- ◆ Be removed from the mailing list to receive information about COUNTRY WIDE INSURANCE BROKERS' other products and services

Privacy Officer  
COUNTRY WIDE INSURANCE BROKERS  
3RD FLOOR 170 BURSWOOD RD, BURSWOOD 6100

E-mail [info@cwib.com.au](mailto:info@cwib.com.au)  
Telephone: 08 94726622  
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