



NewSureTM

Insurance Brokers

Claim Number:

1. Policy Details

Full Name(s) of Insured:		Address of Insured:Postcode	
		Telephone Numbers: Business Hour (.....)	
		After Hour (.....)	
Insurer:	Policy No:	Expiry Date: / / 20.....	

2. General Details of Loss / Damage

Location of loss / damage		
Actual date of loss / damage / / 20.....	Approximate time of loss / damage am/pm	
Was the lost/damage property: (i) subject to a Lease or an Agreement? (ii) Covered under another insurance policy?	<input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> YES <input type="checkbox"/> No If YES to either or both, please give details:	
What steps have been taken to recover the lost property or minimise damage to the property?	

Describe as fully as possible the circumstances and cause of the loss/damage.
How was the loss/damage discovered?
Were the police notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state: (i) date of report: / / (ii) approximate time of report: am / pm (iii) Name of Police Station: (iv) Name of Police Officer:
Has any property been recovered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i>
Was any other party responsible for the loss/damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i>
Has anyone been charged for the loss/damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i>



3. Complete this section for Personal Valuables / Burglary / Theft

<p>How were the premises entered?</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>Were the premises occupied at the time of loss?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please state:</p> <p>(i) date last occupied: / /</p> <p>(ii) Approx. time last occupied: am / pm</p>

4. Complete this section for Fire / Damage to Premises

<p>Who was in the premises at the time of damage?</p>	<p>.....</p> <p>.....</p>
<p>For what purpose?</p>	<p>.....</p> <p>.....</p> <p>.....</p>

5 Complete this section for Transit Loss / Personal Baggage

<p>Total value of goods carried</p>	<p>\$</p> <p>Note: Personal baggage claims must be accompanied by the original Policy document.</p>
<p>If travelling by road/ air/ rail, please advise the name of carrier and tour agent.</p>	<p>.....</p> <p>.....</p> <p>.....</p>



6. Statement of Claim

Description of Property / Article lost, stolen, damaged or destroyed	Date of Purchase	Purchase Price (\$)	Replacement Cost (\$)	Net Amount Claimed (\$)

7. Complete this section for ALL Claims – ABN Details

Are you a registered business? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your ABN? ABN No:
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?%

8. Declaration

<p>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.</p> <p>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 <insert Company Name> 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".</p>	
<p>Full name of claimant(s) (please use block letters)</p> <p>.....</p>	
<p>Signature(s)</p> <p>..... Date: / / 20.....</p> <p>..... Date: / / 20.....</p>	



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	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
TOTAL AMOUNT OF LOSS CLAIMED					\$	

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

Particular	Name of Repairer (Invoice / Quote)	Cost of Repairs	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL REPAIRS		\$	
TOTAL AMOUNT CLAIMED		\$	

(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	
					\$	
					\$	
					\$	
					\$	
					\$	
TOTAL REPAIRS (Note: To Avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable)					\$	
LESS EXCESS					\$	
NET AMOUNT CLAIMED					\$	



(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.

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g) Have you made any admission of liability?

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