

INSURED

Insured Name:			
Contact Person:			
Contact Number:		Mobile:	
Email:			
GST: Are you registered for GST purposes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please advise:			
ABN:			
To what extent are you entitled to claim an Input Tax Credit on the GST for this policy?			%

CLAIM DETAILS/ INCIDENT

Date of Loss:		Time of Loss:	
Address where loss occurred			
Date premises last occupied		Name of last occupier:	
Description of events (<i>What happened, how (eg. If burglary how entry was gained) and who caused damage</i>)			

DESCRIPTION OF PROPERTY LOST/DAMAGED/STOLEN

(You may be asked to provide proof of ownership)

Item	Year Purchased	Where purchased	Replacement or Repair Cost	Amount Claimed
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<i>See last page if more space is required</i>				\$
TOTAL				\$

POLICE REPORT

Was the accident reported to the Police (All Burglary/Theft/Malicious Damage claims must be reported)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police station:		
Police Report Number:	Reporting Officer:	

SECURITY & FINANCE

Give details of any extra precautions or security improvements taken since the loss:		
Details of any other action taken to recover Insureds loss:		
Is the property subject to any finance agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please advise		

THIRD PARTIES

Do you know who was responsible for the damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please advise:		
Name:		
Address:		
Phone Number:		
Any other details:		

WITNESSES

Were there any witnesses to the event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please advise:		
Name:		
Address:		
Phone Number:		
Any other details:		

OTHER INSURANCE

Is there any other insurance on the property?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please advise:			
Name of Insurer:			
Policy Number:			

HISTORY

Have you had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been charged or convicted of any criminal offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you suffered a loss or made a claim on a property related insurance policy in the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes to any of the above, please give details:		

Declaration: I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

NAME & TITLE: _____ **(State Full Name)**

ON BEHALF OF: _____ **(Name of Firm)**

DATE: _____ **(dd/mm/yyyy)**

Note: By completing and lodging/submitting this form, you agree to the above **Declaration**.

DESCRIPTION OF PROPERTY LOST/DAMAGED/STOLEN (CONTINUED IF REQUIRED)

Item	Year Purchased	Where purchased	Replacement or Repair Cost	Amount Claimed
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL				\$

Please return your completed form to: claims@perrymans.com or fax to 08 8362 3131