

Broker or dealer details

Company	<input type="text"/>
Name	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

Property insurance General claim form

How to obtain a quick response to your claim:

1. Make sure that you fully answer all questions.
2. Attach 2 quotations to repair and/or the original invoices for authorised repairs to your property.
3. **Burglary claims:** Sections 1,2 & 6. **Glass claims:** Sections 1,3 & 6. **Fire/impact:** Sections 1,4 & 6. **Storm claims:** Sections 1,5 & 6.
4. Make sure you have read, signed and dated the declaration.

SECTION 1

Must be completed for all claims.

Insured details (please print)

Policy number	<input type="text"/>	Due date	<input type="text"/>
Name of Insured	<input type="text"/>		
Occupation	<input type="text"/>	Company ACN	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>

Are you GST registered? Yes, 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? %

Account details for EFT purposes:

Account name	<input type="text"/>	BSB	<input type="text"/>	Account number	<input type="text"/>
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Loss details

Date of incident	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Approximate time	<input type="text"/>	AM/PM	
Where did incident occur	<input type="text"/>				

Describe as fully as possible how the incident occurred (including method of entry to premises).

Property insurance

Do you consider any other party responsible for the incident? Yes No

Do you have any other insurance under which a claim for this incident may be made? Yes No

When were the premises last occupied?

Name of owner of the property lost/damaged

Name of any other interested party

Has any of the property been recovered? Yes No

Has anyone been charged for the loss/damage? Yes No

If Yes, please provide details

Have you previously (in the last 3 years) made a claim against any insurance company? Yes No

Please attach separate sheet if insufficient room on the statement of claim below.

Full description of property lost or damaged (including/model number)	When purchased	Original cost (\$)	Replacement cost (\$)	Net amount claimed (\$)

Property insurance

SECTION 2. Burglary/theft/losses only

Note: Police complaint acknowledgement forms must be attached to all cases of theft or loss.

Have the police been informed of the incident? Yes No

Police Station reported to Report No

What action has been taken to recover or reduce your loss?

SECTION 3. Glass breakage only

For glass, wash basin, and lavatory pan breakage claims only.

Was the glass, basin etc, cracked prior to the incident? Yes No If Yes, state date

SECTION 4. Fire/impact damage

For fire or impact claims only.

If a dividing fence or party wall was damaged, give name and address of joint owner

First name Family name

Address

Suburb State Postcode

If damage was caused by a vehicle, give details of owner/driver and vehicle registration number

First name Family name

Vehicle registration number

SECTION 5. Storm and tempest

For storm and tempest and water damage claims only.

Note : do not delay in taking necessary action, such as emergency repairs, to prevent further damage.

What steps have been taken to minimise the damage?

Property insurance

SECTION 6. Evidence of ownership and value

Must be completed for all claims.

Please attach your receipts or other documents to establish evidence of ownership and the value of each item. In cases of equipment or property, supply evidence of serial numbers for our confirmation to manufacturers and the police. Damaged property must not be disposed of until authorised by our Company.

Warning: willful or reckless exaggeration or inflation of the amount claimed may forfeit the claim.

Duty of Disclosure

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance.

You do not need to tell the insurer anything that:

- reduces the risk that is insured;
- is common knowledge;
- your insurer knows or should know as an insurer; or
- the insurer waives compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact your Aon Client Manager.

Non-disclosure

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Declaration

Read carefully before signing.

I/We declare that the information supplied on this claim form is true in every respect. I/We consent to the use of my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, my claim may not be able to be processed.* I consent to the disclosure of my personal information to other Insurers, an Insurance reference service or a required by law. I consent to also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

** This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.*

Signature

Date

Signature

Date

Submit your claim

claims@oneunderwriting.com.au

Privacy policy. At One Underwriting we take privacy very seriously. For full details please refer to oneunderwriting.com.au/privacy

One Underwriting ABN 50 006 767 540 AFSL 236 653

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