

PROPERTY 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.)

YOUR PRIVACY

The Privacy Act 1988 requires Central Insurance Brokers to make the following disclosure before collecting personal information about you after 21 December 2001:

- Central Insurance Brokers collects personal information in order to provide various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- If the personal information Central Insurance Brokers requests from you is not provided, Central Insurance Brokers or any involved third party may not be able to provide the appropriate services.
- Central 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 Central 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 Central Insurance Brokers and these parties collecting, using and disclosing personal and sensitive information about you.
- Central 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.
- Central Insurance Brokers may make use of your personal information to provide you with information about it's products and services.

Further details on the Central Insurance Brokers Privacy Policy are on our website: www.centralins.com.au

Contact Us

Simply contact the Central Insurance Brokers Privacy Officer on the details below if you would like to:

- Access the personal information Central Insurance Brokers hold about you
- Update or correct the information Central Insurance Brokers holds about you
- Discuss your privacy concerns
- Be removed from the mailing list to receive information about Central Insurance Brokers' other products and services

Central Insurance Brokers

E-mail info@centralins.com.au
Telephone: (08) 9368 8999
Fax: (08) 9367 5335

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 / / 20.....	
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?	<p>.....</p> <p>.....</p> <p>.....</p>
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: (v) Police Report Number:
Has any property been recovered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i> <p>.....</p> <p>.....</p>
Was any other party responsible for the loss/ damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i> <p>.....</p> <p>.....</p>
Has anyone been charged for the loss/ damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i> <p>.....</p> <p>.....</p>

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

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

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 Central 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".</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.
.....
.....

g) Have you made any admission of liability?
.....
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