



Action Insurance Brokers

“Service Solutions Security”

Licensed Financial Service Provider – AFSL# 225047

Principal Member – National Insurance Brokers Association

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 Action Insurance Brokers to make the following disclosure before collecting personal information about you after 21 December 2001:

- ◆ Action Insurance Brokers collects personal information in order to provide its various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- ◆ If the personal information Action Insurance Brokers requests from you is not provided, Action Insurance Brokers or any involved third party may not be able to provide the appropriate services.
- ◆ Action 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 Action Insurance Brokers may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, its 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 Action Insurance Brokers and these parties collecting, using and disclosing personal and sensitive information about you.
- ◆ Action Insurance Brokers has a duty to maintain the confidentiality of its 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.
- ◆ Action Insurance Brokers may make use of your personal information to provide you with information about its products and services.

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

Contact us

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

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

Privacy Officer
Action Insurance Brokers
Suite 301, Building A, 20 Lexington Drive Bella Vista NSW 2153

E-mail: info@actioninsurance.com.au
Telephone: 02 8935 1500
Fax: 02 8935 1501

Claim No: _____

1. Policy Details

Full Name(s) of Insured:		Address of Insured: Postcode..... Telephone No: A/H (.....) B/H (.....)	
Insurer:		Policy No:	
Expiry Date: / /		Sum Insured: \$	
GST Details: Are you registered for GST Purposes? Yes <input type="checkbox"/> No <input type="checkbox"/> ABN No: To what extent are you entitled to claim an Input Tax Credit for this policy? %			
Payment: Following Acceptance of your Claim by the Insurer, Please nominate your preferred method of payment. <div style="text-align: center;"> Cheque <input type="checkbox"/> Direct Payment <input type="checkbox"/> </div> <div style="text-align: center;"> If you selected Direct Payment please provide the following information </div> <div style="display: flex; justify-content: space-between;"> Bank Account Name </div> <div style="display: flex; justify-content: space-between;"> BSB Account Number </div> <div style="text-align: center; margin-top: 10px;"> Note: Final Payment is at the Insurers discretion provided an EFT payment facility is available. </div>			

2. General Details Of Loss / Damage

Location of loss/damage		
Actual date of loss/damage	/ /20	Approx time of loss/damage am/pm
Are you the owner of the lost/damaged property?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please state name(s) and address(s) of all other parties and their interest in the property):	
Was the lost/damaged property: (i) subject to a Lease or an Agreement? (ii) covered under another insurance policy?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes to either/both, please give details) Yes <input type="checkbox"/> No <input type="checkbox"/>	
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?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please state): (i) date of report/...../..... (ii) approx. time of report: am/pm (iii) Name of Police Station: (iv) Police Event Number (v) Name of Police Officer	
Has any property been recovered?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give details)	

Was any other party responsible for the loss/damage?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give details)
Has anyone been charged for the loss/damage?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give details)

3. Complete This Section For Personal Valuables / Burglary / Theft

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

4. Complete This Section For Fire / Damage To Premises

Who was in the premises at the time of damage?	
For what purpose?	

5. Complete This Section For Transit Loss / Personal Baggage

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

6. Statement Of Claim

Description of Property/Article lost, stolen, damaged or destroyed	Date of Purchase	Purchase Price	Replacement Cost	Net Amount Claimed
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7. 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 Action Insurance Brokers Pty Ltd, its Employees and Representatives 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>Signature(s)</p>	<p>Date:/...../...../...../.....</p>