

## Claims Report

### Property

The supply or acceptance of this form is not an admission of liability on the part of the Insurer.

Please complete ALL sections of this claim form. Unless specifically arranged beforehand, no repairs or alterations to the damaged vehicle should be made unless approved by your insurance underwriter.

Insurer Name:	Policy No:	Client Code:
<b>Insured's Details</b>		
Full Name:	Trading Name:	
Address:		Postcode:
Telephone:	Mobile:	
Email:		Fax No:
Are you registered for GST? <input type="checkbox"/> YES <input type="checkbox"/> NO	ABN (if applicable): <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	
To what extent are you entitled to claim an Input Tax Credit (ITC) on the GST applicable to the premium?		%
Name of Interested Party:		Contract No:
<b>General Details of Loss or Damage</b>		
Location of loss / damage		
Actual date of loss / damage	..... / ..... / .....	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?	..... ..... .....	

<p><b>Describe as fully as possible the circumstances and cause of the loss/ damage.</b></p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p><b>How was the loss/ damage discovered?</b></p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p><b>Were the police notified?</b></p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If Yes, please state:</p> <p>(i) date of report:                    ..... / ..... / .....</p> <p>(ii) approximate time of report:                    ..... am / pm</p> <p>(iii) Name of Police Station:                    .....</p> <p>(iv) Name of Police Officer:                    .....</p>
<p><b>Has any property been recovered?</b></p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <i>(If Yes, please give details)</i></p> <p>.....</p> <p>.....</p>
<p><b>Was any other party responsible for the loss/ damage?</b></p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <i>(If Yes, please give details)</i></p> <p>.....</p> <p>.....</p>
<p><b>Has anyone been charged for the loss/ damage?</b></p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <i>(If Yes, please give details)</i></p> <p>.....</p> <p>.....</p>
<p><b>Complete this section for Personal Valuables / Burglary / Theft</b></p>	
<p><b>How were the premises entered?</b></p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p><b>Were the premises occupied at the time of loss?</b></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>



## 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
					\$
					\$
					\$
					\$
					\$
					\$
<b>TOTAL AMOUNT OF LOSS CLAIMED</b>					<b>\$</b>

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

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

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

(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? .....

.....

### Your Privacy

The Privacy Act 1988 requires Compass Insurance Brokers (Tas) Pty Ltd to make the following disclosure before collecting personal information about you after 21 December 2001:

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

### Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

### Declaration

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I consent to the broker and insurer using 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, the broker and insurer may not be able to process my claim.
4. \*I consent to the broker and insurer disclosing my personal information to other insurers, an insurance reference service, or as required by law. I consent to the broker and insurer 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 insured to the individual, not a company or business*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_