

Property Claim Form

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company.

Please provide complete details to the questions asked on this form.

1. Your Details

Policy Number	Expiry Date
<input type="text"/>	<input type="text"/>

Name of Insured
<input type="text"/>

Address
<input type="text"/>
Post Code
<input type="text"/>

Phone Number	Work/Mobile Number
<input type="text"/>	<input type="text"/>

2. Incident Details

Date of Occurrence	Time
<input type="text"/>	<input type="text"/>

Where did the event occur?
<input type="text"/>

Please describe what happened

3. Police

Have you reported the incident to the police?

No Yes. If yes, provide details:

Police Station:
<input type="text"/>
Date & time reported:
<input type="text"/>
Police report number:
<input type="text"/>



Allstate Underwriting Agencies Pty Ltd (ABN 51 121 066 180) is an authorised representative (AFS AR 000306153) of Allstate Insurance Pty Ltd (ABN 82 073 267 053 AFSL 239010)

4. Burglary/Theft

Was any part of the property broken into?

No Yes. If yes, provide details:

How was entry gained?
<input type="text"/>

5. Ownership and Other Insurance

Are you the sole owner of the damaged or lost property?

No Yes. If no, provide details:

Are you able to make a claim with any other company/fund for any of the property you are claiming now?

No Yes. If yes, provide details:

Name of Insurer/Fund
<input type="text"/>

6. Responsible Party

Do you know the name and address of the party that may be responsible for this incident? If so, please provide details:

Name:
<input type="text"/>
Address:
<input type="text"/>
Telephone Number:
<input type="text"/>

If damage was caused by a vehicle please provide:

Make:	Model:
<input type="text"/>	<input type="text"/>
Registration No:	Colour:
<input type="text"/>	<input type="text"/>
Name of Insurer:	<input type="text"/>

7. Witnesses

Name:
<input type="text"/>
Address:
<input type="text"/>
Telephone Number:
<input type="text"/>

8. Schedule

Please provide full details of your loss.

Description of property damaged/stolen/lost	Year Purchased	Replacement Value	Cost of repairs (if damaged)	Amount claimed

To avoid delays in processing, please include all original invoices, receipts, replacement quotes and, where appropriate, photos to substantiate your claim. Proof of ownership is required for stolen or lost items i.e. purchase invoices, receipts, valuations, etc.

9. Previous Claims

In the last three years have you had any property damaged lost or stolen?

No Yes. If yes, provide details:

11. Funds Transfer

In order that we may transfer settlement funds direct to your account we request that you provide your banking details.

Bank:	Account Name:
BSB No:	Account No:

10. Goods and Services Tax (GST)

Please complete the declaration (a & b) below to advise us of your GST status.

a) I/We declare that the items claimed on this form are used solely for: Private/Domestic purposes Business purposes

Please provide details if only part of your claim relates to property used for business purposes.

b) Please provide details of your GST status:

Not entitled to Input Tax Credit Entitled. If less than 100% please state %

If you are entitled to an Input Tax Credit, please provide your A.B.N No:

12. 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.
- I/We authorise Allstate Underwriting Agencies Pty Ltd to give to, or obtain from, other insurers or any insurance reference bureau, any information relating to this claim or any other claim made by me/us or any insurance held by me/us.
- I/We agree to immediately notify Allstate Underwriting Agencies Pty Ltd if any stolen or lost property forming part of this claim is recovered or found.

Insured/s
Signature
Date