

Home and Contents 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

Address

Occupation of Insured

Contact Name

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

2. Interested Parties

Is the property you are claiming under a financial agreement, mortgage or lease? No Yes

If yes, provide Name of Financier

Contract Number:

3. Type of Claim

- | | |
|--|--|
| <input type="checkbox"/> Burglary /Theft | <input type="checkbox"/> Storm Damage |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Glass Breakage |
| <input type="checkbox"/> Money | <input type="checkbox"/> Accidental Loss |
| <input type="checkbox"/> Water Damage | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Other, please Specify | |



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4. Incident Details

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

Where did incident occur?

Please describe what happened

5. Burglary/Theft

Was any part of the property broken into?

- No. Go to 6. Yes. If yes, what Part?
 Home Garage Shed

How did they gain entry?

6. Police

Have you reported the incident to police?

- No Yes. Provide details:

Police Station:
Date reported:
Police report number:

7. Security Devices

Was any part of the home fitted with security devices?

No Yes. If yes, what type of devices ?

8. Loss reduction

What steps or action have you taken to recover or reduce your loss ?

9. Responsible party

Do you know the name and address of anyone who may be responsible for this incident?

No Yes. If yes, please provide details.

Name:
Address:

If damage caused by vehicle please provide:

Make:	Model:
Registration No:	Colour:
Name of Insurer:	

10. Witnesses

Name:
Address:
Phone Number:

11. Ownership and Other Insurance

Are you the sole owner of the lost or damaged property?
 No Yes. If no, provide details:

Are you able to make a claim with another insurance company or health fund for any of the property you are claiming now?

No Yes. If yes, provide details:

Name of Insurer/ Fund:
Policy Number:

12. Previous Claims

In the last three years have you had any property (apart from your vehicle or boat) damaged, lost or stolen?

No Yes. If yes, provide details:

13. Goods and Services Tax (GST)

You will be liable for GST on a claim settlement if you do not disclose, or understate, your input tax credit. Please complete the declaration below (a & b) to advise us of your GST status.

a) I declare that the items claimed on this form are used solely for:

Private/ Domestic purposes

Business purposes – *Goods that you use for earning your income (ie a Tax deduction is received) are not covered away from your location*

b) Please provide details of your GST Status:

Not entitled to Input Tax Credit

Entitled to % Input Tax Credit

If you are entitled to an Input Tax Credit, please provide your A.B.N.

14. Schedule

Please provide full details of your loss.

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

To avoid delays in processing your claim, please attach all original repair invoices, receipts or replacement quotes to this form. Proof of ownership is required for stolen or lost items i.e. original purchase invoices, receipts, valuations etc.

15. Claims Procedure

What you need to do:

- Take every reasonable precaution to prevent further loss, damage, cost or liability;
- Notify the police as soon as possible if the incident involves theft, attempted theft, malicious acts, civil unrest or impact by a vehicle;
- Notify us as soon as possible about the claim;
- Assist us to manage the claim. This may include us inspecting your Home, interviewing you, or you providing written statements to us under oath;
- Provide us with all reasonable proof that we require in respect of lost or damaged items claimable under this policy;
- Keep items that have been damaged and make them available for inspection or assessment of repair costs;
- Allow us to take possession of damaged property that is the subject of a claim;

You must not:

- Admit guilt, fault, or liability (except to the Police);
- Approve any repairs or arrange replacements (other than emergency repairs reasonably necessary to protect your Home or Contents against further loss or damage);
- Dispose of any damaged property.

16. Funds Transfer

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

Account Name:	Bank:
BSB No:	Account No:

17. Declaration

1. I/We will notify The Allstate Underwriting Agencies Pty Ltd immediately where this claim is for lost or stolen property and any of it is found.
2. 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.
3. I/We authorise The 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.

Insured/s Signature
Date