

# PROPERTY CLAIM FORM



Allstate Underwriting Agencies Pty Ltd (ABN: 51 121 066 180) is an authorised representative (AR No: 000306153) of Allstate Insurance Pty Ltd (ABN: 82 073 267 053; AFSL 239010)

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. If there is insufficient space for your answers please attach a separate page.

You should not admit liability or make any offer or enter into any correspondence regarding any incident which may result in a claim under your policy.

Please send the completed claim form as soon as possible to your insurance advisor or broker.

## 1. Your Details

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

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

Postal Address
<input type="text"/>

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

## 2. Incident Details

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

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

Please describe what happened
<input type="text"/>

## 3. Police

Have you reported the incident to police?

No  Yes. Provide details:

Police Station:
Date & time reported:
Police report number:

## 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:

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

If damage was caused by a vehicle please provide:

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

## 7. Witnesses

Name:
Address:
Telephone number

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## 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:

## 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:

## 11. 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:

## 12. Declaration

1. 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.
2. I/We authorise Allstate 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.
3. I/We agree to immediately notify Allstate if any stolen or lost property forming part of this claim is recovered or found.

Signature of Insured:

Date: