

AUSTRALIS GROUP (UNDERWRITING) PTY LTD (ABN 80 082 459 372, AFSL 238170)

Level 3, 117 Clarence St, Sydney NSW 2000 Australia  
GPO Box 247 Sydney NSW 2001 Australia  
Suite 14, 333 Canterbury Road, Canterbury VIC 3126 Australia  
PO Box 79 Balwyn, VIC 3103 Australia

E-Mail: [australis\\_underwriters@ausuw.com](mailto:australis_underwriters@ausuw.com)

Website: [www.ausuw.com](http://www.ausuw.com)

Telephone: (02) 9200 4000

Facsimile: (02) 9200 4099

Telephone: (03) 8629 8800

Facsimile: (03) 8629 8829

## GENERAL CLAIM FORM

BROKER: \_\_\_\_\_ POLICY No: \_\_\_\_\_

### IMPORTANT FACTS

#### Your Duty of Disclosure

Before You enter into a contract of general insurance with an insurer, You have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter which you know or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have that same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows, or in the ordinary course of business as an insurer, ought to know;
- as to which compliance with your duty is waived by the insurer.

#### Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

#### Co-Insurance

Section 1 - Specified Events contains a co-insurance clause. This means that we require you to insure for full value. If you do not do so and you are underinsured at the time of loss, we will pay less in the event of a claim. The amount we will pay is in the proportion that the sum insured bears to eighty (80%) per cent of the full value, subject to the specific conditions of the policy.

#### Insurer

This policy is underwritten one hundred (100%) per cent by Great Lakes Reinsurance (UK) PLC Financial Services UK Registered Number 2189462 (Great Lakes).

#### Privacy

We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim to only for the purpose of assessing and managing the claim. We may need to provide that information to our Insurers and reinsurers (and their representatives) and those we appoint to assist us with the claim. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, please visit our website – [www.ausuw.com](http://www.ausuw.com).

### POLICY HOLDER

Full Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Trading Name: \_\_\_\_\_ Your ABN: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

What percentage of GST on Premium has been applied as an Input Tax Credit? \_\_\_\_\_%

### THE PREMISES

Nature of trade or business: \_\_\_\_\_

Are premises owner occupied/rented/leased by you? \_\_\_\_\_ Age of building (Year): \_\_\_\_\_

Type of premises (eg House/unit/factory/store/office, etc) Please specify: \_\_\_\_\_

If you are a tenant - are you liable for damage under the terms of your Lease/Tenancy Agreement? Yes  No

Construction - (Please tick as appropriate) Brick  Wood  Fibro  Other  - describe below:

## THE LOSS

Date of Loss \_\_\_\_/\_\_\_\_/\_\_\_\_ Time (am/pm) \_\_\_\_\_ Who discovered the loss? \_\_\_\_\_

Address where loss/damage occurred: \_\_\_\_\_

Post Code: \_\_\_\_\_ Phone No: \_\_\_\_\_

What type of property has been lost or damaged? (eg Buildings, contents, stock etc)

Type of damage (eg. storm, water damage, fire etc) \_\_\_\_\_

How did the loss occur? \_\_\_\_\_

## COMPLETE THIS SECTION FOR STORM DAMAGE CLAIMS ONLY

Through what type of opening did wind, rain or water enter the Building? \_\_\_\_\_

Did a storm cause this opening? Yes  No

If "Yes", how? \_\_\_\_\_

## CLAIM INFORMATION

Was any person responsible for causing the loss/damage? Yes  No

Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

In your opinion why is that person responsible for the damage? \_\_\_\_\_

## ACTION TAKEN

Which Police Station was the incident reported to? \_\_\_\_\_

When reported \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of the Police Officer: \_\_\_\_\_

What is the Police reference number? \_\_\_\_\_

Has any arrest been made? Yes  No

If "Yes" give details: \_\_\_\_\_

Is anyone suspected of the loss? Yes  No

If "Yes" give details: \_\_\_\_\_

Has any of the property been recovered? Yes  No

If "No", what steps have been taken to recover the stolen property? \_\_\_\_\_

## WITNESS

Were there any witnesses to the incident? Yes  No

If "Yes" please give details: \_\_\_\_\_

Full Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

## OTHER INTERESTS

Does any person or organisation have an interest in the property which is the subject of this claim? Yes  No

If "Yes", please give details: \_\_\_\_\_

Full Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Interest (eg Mortgage, Bill of Sale, etc) \_\_\_\_\_

Is there any other insurance covering the lost or damaged property?

If "Yes", please give details: \_\_\_\_\_

Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

## YOUR CLAIMS HISTORY

Has any person covered under this insurance policy ever sustained a loss during the past 5 years? Yes  No

If "Yes", please give full details including the name of the previous insurers.

Date	Details	Insurer	Amount of claim
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

## CLAIMED LOSS/ DAMAGE

Description and Quantity of property for which loss is claimed (include model numbers)	Date of purchase or acquisition	Original purchase price	Deduction for age and use	Where purchased?	Amount being claimed
_____	_____	\$ _____	\$ _____	_____	\$ _____
_____	_____	\$ _____	\$ _____	_____	\$ _____
_____	_____	\$ _____	\$ _____	_____	\$ _____
_____	_____	\$ _____	\$ _____	_____	\$ _____
_____	_____	\$ _____	\$ _____	_____	\$ _____
_____	_____	\$ _____	\$ _____	_____	\$ _____
_____	_____	\$ _____	\$ _____	_____	\$ _____
_____	_____	\$ _____	\$ _____	_____	\$ _____
_____	_____	\$ _____	\$ _____	_____	\$ _____

**To avoid delay in the processing of your claim, it is important that you attach documentation to support ownership of all property claimed, eg original invoices, owners manuals, photos, receipts etc.**

## DECLARATION

I declare that the foregoing particulars are true and correct to the best of my knowledge and belief.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Insured: \_\_\_\_\_ Position held within company: \_\_\_\_\_