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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 by Westport Insurance Corporation (ABN 48 072 715 738). Westport Insurance Corporation (Westport) is a wholly owned subsidiary within the Swiss Re Group. Westport is licensed by the Australian Prudential Regulation Authority.

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.

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? _____

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: _____