

# PROPERTY CLAIM FORM

The issue of this form does not constitute an admission of liability on part of the insurer

Please complete:

PART A – Compulsory for all Claims

PART B – Relevant section pertaining to your Claim

PART C – Compulsory for all Claims

## PART A – Compulsory for all claims

### POLICY DETAILS

Policy Number:

Insured Name:

Address of Insured:

Contact Person:

Contact Phone Number:

Email address:

### GST DETAILS

Are you registered for GST purposes?

**If NO, proceed to Bank Details**

What is your ABN?

Have you claimed or do you intend to claim an input tax credit (ITC) on the GST applicable to the premium charged for this policy? If yes, what is the ITC % claimed/to be claimed?

What is the extent of your entitlement as a percentage to an ITC on any damage reinstatement costs subject to this claim?

### BANK DETAILS

Account Name:

Bank Name:

BSB:

Account Number:

### GENERAL DETAILS OF DAMAGE / LOSS

When did the accident/damage occur?

Date:

Time:

Situation of Loss:

Describe how the damage was sustained (please provide us much detail as possible):

Has the damage been repaired or replaced? If yes, have you paid the invoice for repair or replacement? Please

attach any quotations and/or invoices obtained.		
<b>THIRD PARTIES</b>		
Do you know who is responsible for the loss of / damage to your property? If yes, please provide the name, address, and any other information about the person(s) responsible.		
<b>WITNESSES</b>		
Were there any witnesses to the event resulting in this claim? If yes, please provide the name, address, and contact details of the witness(s), and detail of where the witness was at the time of loss.		
<b>POLICE INFORMATION – for theft / fire / impact / malicious damage / loss of money</b>		
Were police notified of the claimed event?		
Did the police attend the scene?		
Police station incident was reported to:		
Police officer name:		
Police report number:		
Have the police recovered any property? If yes, please give details:		
<b>PART B – Please only complete the section relevant to your Claim</b>		
<b>STORM &amp; WATER DAMAGE / BURST PIPES</b>		
Did water enter your premises via a storm created opening? If yes, please provide relevant details:		
Should your claimed damage be the result of a burst pipe, please provide details of the cause of pipe failure:		
<b>BREAKAGE OF GLASS</b>		
Please provide detail of broken item:		
Did damage occur to window signwriting?		
<b>MACHINERY / ELECTRONIC BREAKDOWN</b>		
What caused the failure of the damaged item?		
What is the approximate age of the damaged item?		
<b>BURGLARY / THEFT / MALICIOUS DAMAGE / MONEY</b>		
Who discovered the loss, theft, or damage?	Name:	
	Date:	
	Time:	

Were the premises occupied at the time of the loss? If the premises were unoccupied, please confirm when it was last occupied and by whom?	
Were the premises securely locked?	
Have steps been taken to improve the security of your premises? If so, please provide details:	
If entry was gained into your premises, how was access gained? (e.g., window broken, door forced)	

**PART C – Compulsory for all Claims**

**DETAILS OF PROPERTY LOST / DAMAGE - PLEASE PROVIDE DOCUMENTS TO SUPPORT YOUR CLAIM**

Description of property lost/ damaged/ stolen (include who owns items if not the insured)	Year purchased	Where purchased	GST	Replacement repair costs	Amount claimed

**OTHER INSURANCE**

Is there any other Insurance on the property? If yes, please confirm the insurer and the policy number.	
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**PREVIOUS CLAIMS HISTORY**

Have you made any claims for loss, theft, or damage on any insurer in the past five years? If yes, to the best of your ability, please tell us the date of loss, what happened, the loss value, and insurer details, for that/those claim[s]:	
Has any insurer refused, cancelled cover, or required special terms to insure you? If yes, please tell us what happened:	

**PRIVACY**

The insurer includes information about how they manage your personal information in their Product Disclosure Statements and Policy booklets. You can obtain a copy of the insurer's statement from their website or contact the Compliance Manager.

**DECLARATION**

I/We declare that the said loss occurred without my/our knowledge or consent and that I/We have not sought to benefit unjustly from this claim by fraud, wilful misrepresentation, or exaggeration. I/We declare that the information supplied on this form is true in every respect. I/we agree that, by submitting this form, the personal information I/we provide to my Insurer in this form or otherwise may be collected, held, used, and disclosed in the manner set out in my Insurers Privacy Policy.

<b>Signature of Insured:</b>		<b>Date:</b>	
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**Once completed please email the completed form along with any supporting information to: [theteam@wsib.com.au](mailto:theteam@wsib.com.au)**