

1. Your Details

Policy Number

Name of Insured

Contact Person

Postal Address

Telephone Mobile

Email

Are you entitled to claim back the GST component of costs relating to the insured property, as an Input Tax Credit from the ATO?

NO YES 100% YES OTHER %

If Yes, what is your ABN?

EFT Details:

Bank Branch

BSB Account Number

Account Name

2. Interested Parties

Is the property you are claiming for under a financial agreement (eg mortgage / lease)?

NO YES, Financier

Is there another insurance policy covering the items claimed?

NO YES, Insurer

Name of Insured

3. Incident Details

Date of Incident Time am / pm

Address and place where incident occurred

Please advise in detail how the incident occurred and who caused the damage. In the event of burglary, include how entry was gained.

4. The Premises

Are the premises tenanted? NO YES

If YES, please provide Tenant details

Are you the Tenant NO YES

If YES, please provide details of the Building Owner

Has the other party (Building Owner or Tenant) lodged a claim for this incident? NO YES

Insurer Claim No.

Were the premises occupied at the time of loss NO YES

If NO, please provide details of when last occupied Name of Occupier

Time Day Date

5. Storm & Water Damage

How did the Wind, Rain or Water enter the premises?

Did the storm cause this opening? NO YES

Please provide details

NOTES: The issue or acceptance of this claim form is not be construed as an admission of liability. This claim form does not constitute or imply acceptance of this claim. Bank account details are collected for the purpose of making a claim payment in the event that a claim settlement is payable to you. Your bank account details will be provided to the relevant Insurer and financial institution and will not be disclosed to any other party unless authorised or required by law. No responsibility will be taken if the bank account details provided are incorrect.

property

6. Schedule

Please provide photos of the damage and a quote for repairs. In the event the item cannot be repaired, please provide a written report stating this, together with a quote for replacement. Your ownership documentation such as purchase invoices, receipts and/or photos will be required to support your claim for any stolen items.

Description of Property lost / damaged / stolen	Year Purchased	New Replacement	Repair Cost (if applicable)	Amount Claimed
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

7. Other Parties and Witnesses

If any other parties were involved, who do you consider responsible for the incident and why?

ALL known details of other parties and witnesses

8. Actions and Security

What security arrangements did you have in place at the time of the incident?

Have you taken any other action to recover or reduce your loss? NO YES

If YES, please provide details

What security improvements have been made since the loss?

9. Police

We cannot proceed with claims for theft or malicious damage without the following details:

Police Report Number or Online Crash Report Lodgement Number

Date reported Station

Have any charges been laid or any Police action taken or initiated?

PLEASE KEEP US INFORMED OF ANY POLICE PROCEEDINGS WHICH MAY OCCUR.

10. Other Information

If applicable, please provide any other information relevant to this claim

11. Declaration

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.

I/we authorise CKA and our insurer to give to, or obtain from, other insurers, credit reference service or other interested parties any information relating to me/us or any claim in relation thereto.

Signature Date

Name Position