

GENERAL CLAIM FORM



1. Policy Details

Full Name(s) of Insured:	Address of Insured: Postcode Telephone Numbers: Business Hour (....) After Hour (....)	
Insurer:	Policy No:	Expiry Date: / / 20.....

2. General Details of Loss / Damage

Where did event occur?	..... / ..... / 20.....	
Date of Event	..... / ..... / 20.....	Approximate time of loss / damage am/pm
Brief description (including cause of loss or damage)	..... ..... ..... .....
Amount Claimed (as shown on Schedule on next page of this form)	\$	
Is any Third Party to blame for loss or damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please give details)</i>	
Have you received, or do you anticipate receiving, notice of any claim from or on behalf of Third Parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please give details)</i>	

Give details of all witnesses, if any:	Name	Address
	.....	..... ..... Postcode
	.....	..... ..... Postcode
	.....	..... ..... Postcode
Were the Police notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, please give details</i>) (i) Date of Report: / / 20 (ii) Name of Police Station:	
Have you taken any action to recover or reduce your loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, please give details</i>)	

3. Other Particulars

Name of Owner of property lost / damaged	...............
Name of any other interested party (eg, Mortgagee, Trustee)	..... ..... .....
Details of any other insurances covering lost/damaged property	...............

4. Complete for ALL Claims - ABN Details

Are you a registered business? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your ABN? ABN No:
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?%

5. Declaration

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.	
I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Mutual Brokers in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".	
Full name of claimant(s) (please use block letters)	..... .....
Signature(s)	Date: / / 20.....
	Date: / / 20.....

Please lodge your claim to Mutual Brokers by: Fax 02 6282 9734; or Email: administrator@mutualbrokers.com.au

Privacy Statement: The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims. When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law. Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us. You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

SCHEDULE(1) PLEASE COMPLETE FOR **LOSS** OF PROPERTY:-

Description of property for which loss is claimed	Date of Purchase or Acquisition	Original Cost	Value at time of Loss-allowing for reasonable Depreciation	Value of Salvage (if any)	Amount of Loss or Damage Claimed	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
TOTAL AMOUNT OF LOSS CLAIMED					\$	

(2) PLEASE COMPLETE FOR **DAMAGE** TO PROPERTY:-

Particular	Name of Repairer (Invoice / Quote)	Cost of Repairs	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL REPAIRS		\$	
TOTAL AMOUNT CLAIMED		\$	

(3) PLEASE COMPLETE FOR **FUSION** DAMAGE:-

Machine / Appliance	Maker	Date of Purchase	H.P. of Motor	Name of Repairer Invoice/Quote Attached	Cost of Repairs	
					\$	
					\$	
					\$	
					\$	
					\$	
TOTAL REPAIRS (Note: To Avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable)					\$	
LESS EXCESS					\$	
NET AMOUNT CLAIMED					\$	

(4) PLEASE COMPLETE FOR **THIRD PARTY CLAIMS**:-

Details of injury or damage to third parties:-

a) Name:

b) Address:
.....
.....

c) Occupation:

d) Nature and extent of injuries/damage:
.....
.....

e) Has the third party any relationship to you (eg. relative, employee)?
.....
.....

f) Have you received any correspondence from third parties? If so, please enclose them with this form.
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g) Have you made any admission of liability?
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