



WARATAH INSURANCE BROKERS PTY LTD

ACN 003 461 854

6/29 Kitchener Parade
PO Box 537
Bankstown NSW 1885

Ph: (02) 9796 4329
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General Insurance Claim

Full Name

Address

Bus Phone Private Phone Fax No

Occupation/Business/Industry/Trade

Name of Other Interested Party How Interested

Address

Policy Number Due Date

Is there any other insurance in force which would cover this in whole or part. Yes No
If Yes, please advise in the space provided

Insurers Name

Policy Details

What is your Australian Business Number (ABN) ? - - -

Are you registered for GST ? Yes No

To what extent are you entitled to claim an Input Tax Credit on your premium ?

Details of Loss or Damage or Occurrence

Date of Loss / Damage / or Occurrence

Time

When was it reported to you (if applicable)

Time

Place and/or premises where it occurred

Please state full details of how loss/damage/or accident occurred

Please describe nature or damage or injury

Fire, Impact, Storm & Tempest Losses

What steps have you taken to minimise the loss ?

If storm & tempest, through what type of opening did wind, rain or water enter the premises ?

Did storm and tempest cause the opening to premises ?

Yes

No

If Yes, describe the cause

If dividing fence or wall damaged give name & address of joint owner

If damaged caused by vehicle give name & address of owner/driver & vehicle registration number

Burglary/Theft/Money Losses

Where was entry gained into the premises ?

How was entry gained into the premises ?

Any signs of forced entry ?

Yes

No

If Yes, give details

When were the Police notified ?

- a) Time
- b) Police Station
- c) Officers Name
- d) Police Report No.

Has the loss been advertised ?

Yes

No

If Yes, give particulars and send a copy of the advertisement

When was the property last seen by you ?

At the time of the loss how long had the premises been unoccupied ?

Please state full details of how loss/damage/or accident occurred

Glass Breakage

Please describe nature of damage or injury

Size and description of glass broken

Provide details of any additional benefit claimed

Is sign writing to be claimed ?

Yes

No

Responsibility/Witnesses

In your opinion was any other person(s) responsible for loss or damage

or cause of the Occurrence ? If Yes, please give full details

Yes

No

Full Name

Address

Bus Phone

Private Phone

Fax No

Reasons

Was there a witness to this event ?

Yes

No

If Yes, please give full details

Name of Witnesses

Address

Bus Phone

Private Phone

Fax No

Description of Property Loss or Damage

To assist in assessing the loss the following information is requested

Description	Sum Claimed \$	Date of Purchase	From Whom Purchased	Purchase Price \$	Replace Value \$
Total Amount Claimed					

Insurance History

Have you ever previously sustained loss/damage?

Yes

No

If Yes, give details of such losses and amounts involved

Was an insurance Company involved ?

Yes

No

If Yes, please state name of company and year of claim

Declaration (Must be Completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and in no matter deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on the form is true and I/We have not concealed any information relating to this claim.

2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

Date: _____

Signature: _____

How To Get Quick Action On Your Claim

1. Complete the attached form and return to our office. If an assessor is appointed, give them the forms.
2. Attach all original quotations obtained for replacement of or repair to the damaged or missing property. Photocopies are not acceptable.
3. Attach original valuations and receipt of purchases whenever possible.
4. Advise the Police immediately in the event of loss or burglary, housebreaking, theft, suspected malicious damage. Also make sure the premiums are secure to avoid further incidents.

Note: Police reports are very slow so if you can obtain one at the time the report is taken, then this will save valuable time or at least obtain a copy or report number.

5. Attach any letter of demand or other correspondence that you may receive from any Third Party.
6. Do not make any admission of liability for loss or damage caused by you to the Third Parties.

WHAT WE WILL DO – IF PAPERWORK IS CORRECT AND COMPLETE:-

- Submit the claim form to the insurer
- If the claim has not been paid within 30 days we will contact the Insurer and then advise you accordingly
- We will then follow up the claim when necessary until settlement is reached, however please feel free to call at any time.

WHAT AN ASSESSOR WILL DO:-

- An assessor is an independent person who is appointed by the insurer for their expertise in helping you finalize a larger or more difficult claim
- They will interview and obtain details of a loss and arrange for quotes and prepare the necessary paperwork
- The assessor is your contact point
- The assessor will write a report to the Insurer recommending a course of action
- This can take time depending on their work load and Police Reports
- The Insurer will not act until these reports are received and although not bound by the assessor recommendations, the Insurers usually accept these reports.
- If you are unhappy with any aspect of the claim, advise the assessor. If he is unable to correct the problem then contact us immediately. We will know of any problem without being advised.
- If you are unhappy with the Assessors' responses, contact us immediately.