

Business Insurance Claim Form

The completion of this form and its receipt by us is not an indication that we accept any liability.

Please print in **BLOCK LETTERS** and answer all Questions where applicable (Provide full and complete answers). If a particular question does not apply, please write "Nil" in the space provided. If the space provided below is insufficient to advise all the details, please attach a separate sheet.

This form should be completed and returned within 7 days of receipt by the insured.

Claim no.

Policy no.

Excess

\$

Insured's details

Title Name of Insured

Address

Postcode

Name of business

Contact name

Telephone no.

Mobile no.

Facsimile no.

Email address

Site of risk

1. Are you registered for GST?

No

Yes

2. What is your Australian Business Number (ABN)?

3. Are you entitled to any Input Tax Credit (ITC) if you repair or replace the property damaged?

No

Yes

If "yes", what is your percentage entitlement?

%

4. What was your 'Input Tax Credit' (ITC%) on your premium payment for this policy?

%

Details of claim

1. What type of claim are you reporting? Fire Glass Burglary, Theft, Money Storm and Tempest

2. Have you previously reported this claim to us?

No

Yes

If "yes", how?

and when?

3. Were immediate steps taken to prevent further damage? No Yes

4. Date of loss or damage

Date / / Time a.m. p.m. Amount claimed \$

5. When was it discovered?

6. Where did it occur?

7. Has the incident been reported to the police? No Yes

If "yes", please advise:

Name of Station

Date reported

/ /

Report No.

By whom

8. Were there any witnesses to the damage? No Yes

If "yes", please advise:

Name of Witness

Address

Postcode

9. Name and address of any person(s) responsible and their relationship to you

10. Have the repairs been carried out? No Yes

If "yes", please advise:

Repairer's name

11. Has the repair account been paid? No Yes

If "yes" please attach invoice and photos of the damage

General information

Details of loss or damage

Please describe fully the extent of loss or damage:

Details of property loss or damage

A. Fire claim only

1. Is there any structural damage? No Yes

2. Is the property now secure? No Yes

If "no", please give details:

3. Have all necessary precautions been taken to avoid further loss or damage? No Yes

If "yes", please give details:

4. Did the Fire Brigade and/or Police attend? Fire Brigade No Yes Police No Yes

If "yes", what is the cost?

B. Glass claim only

Give details:

1. Type of glass broken Window Door Shower Screen Other

2. Is signwriting reinstatement necessary? No Yes

If "yes", what is the cost?

C. Burglary, theft and money claims only

1. Were the premises broken into? No Yes

2. What security was enforced at time of loss?

a. Keyed window locks Bars fitted to all external windows Dead locks fitted to all external doors

b. Burglar alarm No Yes

If "yes", give details: Make/type

Local noise/light maker Telephone dialler to monitoring company

Securitel Direct private landline to monitoring company

3. Describe the means of entry

4. Was the property in the open air at the time of loss? No Yes

If "yes", where was the property situated?

5. Was the money kept in a locked safe? No Yes

If "yes", were the keys kept on the premises?

D. Storm and tempest and rainwater claims only

1. Were immediate steps taken to prevent further damage? No Yes
2. Did the damage result from one storm? No Yes
3. Is the damage attributable to inadequate guttering/faulty or poor workmanship? No Yes

Statement of claim

* If you are registered for GST and you are making a claim for any Item(s) used for business purposes, please insert Input Tax Credit % entitlement per item.

Items lost or damaged	Date of purchase	Replacement cost price	Deduction for age, wear & tear	Value of salvage (if any)	Amount claimed	*ITC %
					\$	
					\$	
					\$	
					\$	
Total amount of claim					\$	

Where possible, please attach repair/replacement invoices and/or receipts.
Please check to ensure all relevant questions have been answered.

Declaration

I/We declare that the said theft or loss occurred without my/our knowledge or consent.

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 claim form is true in every respect.

I/We consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my/our personal information to or collecting my/our personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

I/we agree that, by submitting this form, the personal information I/we provide in this form or otherwise may be collected, held, used and disclosed in the manner set out in our Privacy Policy. Where I/we have provided information about another individual, I/we confirm that I/we have provided notice to and obtained the consent of that individual in the manner required in the Privacy Policy.

Note: A copy of the Privacy Policy is on our website www.nrma.com.au/privacy or can be sent to you by contacting us on 133 233.

The document can be signed electronically, using the Adobe fill and sign feature.

Signature

Date