



**BUSINESS
INSURANCE**

Home 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.

INSURED'S DETAILS

Claim No.

Policy No.

Expiry Date / /

Excess \$

Name of Insured Mr
Mrs
Miss
Ms

Address Postcode

Telephone No. Mobile No. Facsimile No.

Email Address

(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 'Entitlement to an Input Tax Credit' (EITC%) on your premium payment for this policy? %

DETAILS OF CLAIM

(1) What type of claim are you reporting? Fence Damage Fire Glass Burglary, Theft, Accidental Loss

(2) Have you previously reported this claim to us? No Yes
If "yes", how? and when?

(3) Date of loss or damage / / Time: am/pm Amount claimed \$

(4) When was it discovered?

(5) Where did it occur?

(6) What action was taken to prevent further loss or damage?

(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

(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

GENERAL INFORMATION

(1) Was the damaged property wholly owned by you? No Yes If "no", provide details of ownership

(2) Was the property in good condition prior to loss or damage? No Yes If "no", give details

(3) Were the premises occupied at the time of occurrence? No Yes If "no", period of unoccupancy

(4) Is there any other insurance covering the property lost or damaged? No Yes
If "yes", advise name of insurance company and policy number

(5) Have you ever before sustained loss which would have been recoverable under this form of insurance or under a Fire, Burglary or All Risks Insurance Policy? No Yes
If "yes", give details, dates, amounts, etc.

DETAILS OF LOSS OR DAMAGE

Please describe fully the extent of loss or damage:

DETAILS OF PROPERTY LOSS OR DAMAGE

A. Fence Damage Claim Only

(1) Construction Brick Fibro Timber Other _____
 Type Dividing Boundary Fence Internal _____
 Age (approx.) _____

B. Fire Claim Only

(1) Is there any structural damage? No Yes
 If "yes", please give details _____

(2) Is the property now secure? No Yes
 If "no", please give details _____

(3) Did the Fire Brigade and/or Police attend? Fire Brigade No Yes Police No Yes

C. Glass Claim Only

(1) Type of glass broken Window Door Shower Screen Light Fitting
 Other Give details: _____

D. Burglary, Theft or Accidental Loss Claims Only - (Police must be notified)

(1) Were the premises broken into? No Yes

(2) What security was enforced at time of loss?
 (a) Keyed window locks Locks 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? _____

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

Item No.	Items lost or damaged	Date of Purchase	New/Secondhand when Purchased	Replacement Cost Price	Amount Claimed	*ITC %
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**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 coacting 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 132 132.

Signed _____ Date ____ / ____ / ____