

The supply or acceptance of this form is not an admission of liability on the part of Allianz.

Claim Number

Name of Insured: _____

Contact Person: _____

Home Phone No: _____ Work Phone No: _____ Mobile: _____

Email: _____ Occupation: _____

Postal Address: _____

 _____ Postcode: _____

Broker/Agent Name: _____ Phone No: _____

Policy No. 3 1 0 0 9 7 9 6 4 1 A R Excess \$ _____

Inception Date 3 0 0 9 2 0 1 7 Expiry Date 3 0 0 9 2 0 1 8

Interested Parties: Is the property being claimed for under a Financial Agreement? Yes No

Name of Financier: _____ Contract No.: _____

G.S.T.: Are you registered for GST purposes? Yes No A.B.N.: _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

Incident Description: What happened, how (eg. if burglary, include how entry was gained) and who caused damage etc.

Date of Loss: _____ Time of Loss: _____

Type of Loss: _____

Address Where Loss Occurred: _____
 _____ Postcode: _____

Date premises last occupied: _____ Name of last occupier: _____

Schedule (if insufficient space, provide separate list):

* Please show the extent to which an ITC can be claimed by you on each item

* All original repair invoices, quotes or receipts must be submitted to avoid any delays in processing * Show all values in Australian Dollars

Description of property lost/damaged/stolen (include who owns item if not the Insured)	Year Purchased	Where Purchased	Replacement or Repair Cost	Amount Claimed	ITC%* Entitlement
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			Total Claimed	\$	

(If insufficient space, attach list).

BSB / Account Number (please complete)

Property

Police: Have the Police been notified? (All Burglary/Theft/Malicious Damage claims must be reported) Yes No

Police Station: _____ Reporting Officer: _____

Police report No. _____ Date reported: _____

Security: Give details of any extra precautions or security improvements taken since the loss?

Give details of any other action taken to recover or reduce your loss?

Third Parties: Do you know who was responsible for the damage? Yes No

Name _____ Phone No. _____

Address _____
Postcode _____

Other details (eg registration no.) _____

Witnesses: Were there any witnesses to the Event? Yes No (If yes, please complete the following)

Name _____ Phone No. _____

Postal Address _____
Postcode _____

Where was the Witness? _____

Other Insurance: Is there any other Insurance on the property? Yes No

Name of Insurer _____

Policy details _____

History:

Have you had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years? Yes No

Have you ever been charged or convicted of any criminal offence? Yes No

Have you suffered a loss or made a claim on a property related insurance policy in the last 5 years? Yes No

If yes to any history questions please give details _____

Privacy: The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims.

When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external

claims data collectors, investigators and agents, to the Insurance Reference Services (IRS), etc or other parties as required by law. You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Mon-Fri and advise us of the changes.

IDR Statement: Disputes are not an everyday occurrence at Allianz. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

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 acknowledge that I/we have read and understood the Privacy Act

1988 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured _____

Date _____

PLEASE SUBMIT COMPLETED CLAIM FORM TO YOUR RESPECTIVE BAPTIST INSURANCE SERVICES STATE OFFICE

NSW/ ACT PO BOX 122 Epping, NSW 1710 Phone: (02) 9868 9213 Fax: (02) 9868 9201

QLD PO Box 6166, Mitchelton, QLD 4053 Phone: (07) 3354 5600 Fax: (07) 3354 5646

SA/NT PO Box 432, Unley, SA 5061 Phone: (08) 8357 1755 Fax: (08) 8373 8000

WA PO Box 57, Burswood, WA 6100 Phone: (08) 6313 6300 Fax: (08) 9470-1713

VIC PO Box 377, Hawthorn, VIC 3122 Phone: (03) 9880-6166 Fax: (03) 9880-6123

TAS PO Box 275, Kings Meadow, TAS, 7249 Phone: (03) 6334-6780