



PROPERTY CLAIM FORM

Contact Us

The Claims Officer
GLOBAL RISKS PTY LTD
P.O BOX 480
ROSE BAY NSW 2029

E-mail: claims@globalrisks.com.au
Ph No: 0413 607270

YOUR PRIVACY

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

- We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
- If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
- We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
- Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, information about where the insurer is located is set out in your Policy Schedule and Product Disclosure Statement.
- By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above. You understand that any personal and sensitive information disclosed to organisations located overseas may not be protected in the same way as it is in Australia. Even though we have not control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above.

Further information about how to access the personal information we hold about, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website: www.cbnet.com.au

Contact Us

You can contact our Privacy Officer using the details below:

Privacy Officer National Adviser Services Pty Ltd t/as Community Broker Network
Address: Halcyon House 1 Campbell Street, West Perth WA 6005
E-mail: info@cbnet.com.au
Telephone: 08 9480 8900

Claim Number:

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

Location of loss / damage / / 20.....	
Actual date of loss / damage / / 20.....	Approximate time of loss / damage am/pm
Was the lost/damage property: (i) subject to a Lease or an Agreement? (ii) Covered under another insurance policy?	<input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> YES <input type="checkbox"/> No If YES to either or both, please give details:	
What steps have been taken to recover the lost property or minimise damage to the property?	
Describe as fully as possible the circumstances and cause of the loss/damage.	
How was the loss/damage discovered?	

	<p>.....</p> <p>.....</p>
Were the police notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state: (i) date of report: / / (ii) approximate time of report: am / pm (iii) Name of Police Station: (iv) Name of Police Officer:
Has any property been recovered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i> <p>.....</p> <p>.....</p>
Was any other party responsible for the loss/damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i> <p>.....</p> <p>.....</p>
Has anyone been charged for the loss/damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i> <p>.....</p> <p>.....</p>

3. Complete this section for Personal Valuables / Burglary / Theft

How were the premises entered?	<p>.....</p> <p>.....</p> <p>.....</p>
Were the premises occupied at the time of loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please state: (i) date last occupied: / / (ii) Approx. time last occupied: am / pm

4. Complete this section for Fire / Damage to Premises

Who was in the premises at the time of damage?	<p>.....</p>
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For what purpose?

5 Complete this section for Transit Loss / Personal Baggage

Total value of goods carried	\$
	<i>Note: Personal baggage claims must be accompanied by the original Policy document.</i>
If travelling by road/ air/ rail, please advise the name of carrier and tour agent.

6. Statement of Claim

Description of Property / Article lost, stolen, damaged or destroyed	Date of Purchase	Purchase Price (\$)	Replacement Cost (\$)	Net Amount Claimed (\$)

7. Complete this section 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?%

8. Declaration

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct
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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 Global Risks Pty Ltd 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.....

Global Risks Pty Ltd (CAR 461060)
ACN: 116 162 451
ABN: 51 116 162 451
Authorised Representative for
National Adviser Services Pty Ltd
t/as Community Broker Network
ABN: 60 096 916 184
AFSL: 233 750

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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