

GENERAL CLAIM FORM

If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete

CONTACT US

The Claims Officer
E-mail: claims@globalrisks.com.au
Ph No: 0413 607270
PO Box 480 Rose Bay NSW 2029

YOUR PRIVACY

The Privacy Act 1988 (Cth) 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 below:
- 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.

We are committed to the protection of your privacy and handle your personal information in accordance with the Australian Privacy Principles and the Privacy Act 1988 (Cth). A copy of our privacy policy is available on request or on our website www.networksteadfast.com.au

Partnering with you to protect what matters

Global Risks Pty Limited ABN 51 116 162 451 | CAR No. 461060 are Corporate Authorised Representatives of Network Insurance Group member Steadfast IRS Pty Limited ABN 95 159 898 398 | AFSL 435538

Network Insurance Group | 1300 655 037 | admin@networksteadfast.com.au | www.networksteadfast.com.au
02 9957 2544 | Suite 6.02, 135 King Street Sydney NSW 2000 | PO Box 3190 Tuggerah NSW 2259



Claim Number: _____

POLICY DETAILS

Insured Name

Address of Insured

State

Postcode

Contact Person

Name

Email

Phone

Mobile

Insurer

Policy Number

Expiry

GENERAL DETAILS OF LOSS / DAMAGE

Where did the event occur

When did the event occur?

Approximate time of loss/damage

Brief description, including cause of damage or loss

Amount claimed (as shown on Schedule on next page of this form)

Is any Third Party to blame for loss or damage? (if yes, please give details)

Yes No

Have you received, or do you anticipate receiving, notice of any claim from or on behalf of Third Parties? (if yes, please give details)

Yes No

Were the police notified? (If yes, complete below)

Yes No

Date of Report:

Name of Policy Station:



GENERAL DETAILS OF LOSS / DAMAGE (Cont.)

Please give details of all witnesses if any

Full Name	Address

Have you taken any action to recover or reduce your loss? (if yes, please give details) Yes No

OTHER PARTICULARS

Name of Owner of property lost or damaged

--

Name of any other interested party (e.g. mortgagee, trustee)

--

Details of any other insurances covering lost/damaged property

ALL CLAIMS

17. Are you a registered business? (if Yes, complete below) Yes No

ABN

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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?

	%
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DECLARATION

/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct 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 (BLOCK LETTERS)			
Signature:	X	Date:	/ /



SCHEDULE

PLEASE COMPLETE FOR **LOSS** OF PROPERTY :-

Description of property for which loss is claimed	Date of Purchase / Acquisition	Original Cost	Value at time of Loss allowing for reasonable Depreciation	Value of Salvage (if any)	Amount of Loss
TOTAL AMOUNT OF LOSS CLAIMED					

PLEASE COMPLETE FOR **DAMAGE** TO PROPERTY :-

Particular	Name of Repairer (Invoice / Quote)	Cost of Repairs
TOTAL REPAIRS		
TOTAL AMOUNT CLAIMED		

PLEASE COMPLETE FOR **FUSION** DAMAGE:-

Machine / Appliance	Maker	Date of Purchase	H.P. of Motor	Name of Repairer (Invoice/Quote)	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					



PLEASE COMPLETE FOR **THIRD PARTY CLAIMS** :-

DETAILS OF INJURY OR DAMAGE TO THIRD PARTIES	
1. Name of third party	Occupation of third party
<input type="text"/>	<input type="text"/>
2. Address of third party	
<input type="text"/>	
<input type="text"/>	State <input type="text"/>
<input type="text"/>	Postcode <input type="text"/>
3. Nature and extent of injuries/damage	
<input type="text"/>	
<input type="text"/>	
4. Has the third party any relationship to you (e.g. relative, employee? If yes, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	
5. Have you received any correspondence from third parties? If so, please attach	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you made any admission of liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	