

## PROPERTY 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](mailto: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](http://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](mailto:admin@networksteadfast.com.au) | [www.networksteadfast.com.au](http://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

[Text input field]

Address of Insured

[Text input field]

State

Postcode

Contact Person

Name

[Text input field]

Email

[Text input field]

Phone

[Text input field]

Mobile

[Text input field]

Insurer

[Text input field]

Policy Number

[Text input field]

Expiry

[Text input field] / [Text input field] / 20

GENERAL DETAILS OF LOSS / DAMAGE

Location of loss or damage

[Text input field]

Date of loss or damage

[Text input field] / [Text input field] / 20

Approximate time of loss/damage

[Text input field]

Was the lost/damage property subject to a Lease or an Agreement?

Yes  No

Was the lost/damage property covered under another insurance policy?

Yes  No

If yes to either or both, please give details

[Text input field]

What steps have been taken to recover the lost property or minimise damage to the property?

[Text input field]

Describe as fully as possible the circumstances and cause of the loss/ damage.

[Text input field]

How was the loss/damage discovered?

[Text input field]



### GENERAL DETAILS OF LOSS / DAMAGE

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

Yes  No

Date of Report:     /     / 20

Name of Policy Station: \_\_\_\_\_

Has the property been recovered? (If yes, please give details)

Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Was any other party responsible for the loss/ damage? (If yes, please give details)

Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Has anyone been charged for the loss/ damage? (If yes, please give details)

Yes  No

\_\_\_\_\_  
\_\_\_\_\_

### FOR PERSONAL VALUABLES / BURGLARY / THEFT

How were the premises entered?

\_\_\_\_\_  
\_\_\_\_\_

Were the premises occupied at the time of loss? (If No, complete below)

Yes  No

Date last occupied     /     / 20

Approx. time last occupied \_\_\_\_\_

### FIRE / DAMAGE TO PREMISES

Who was in the premises at the time of damage?

\_\_\_\_\_  
\_\_\_\_\_

For what purpose?

\_\_\_\_\_  
\_\_\_\_\_

### TRANSIT LOSS / PERSONAL BAGGAGE

Total value of goods carried?

\$ \_\_\_\_\_

If travelling by road/ air/ rail, please advise the name of carrier and tour agent.

\_\_\_\_\_  
\_\_\_\_\_



### ALL CLAIMS

17. Are you a registered business? (if Yes, complete below)

Yes  No

ABN

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?

 %

### 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:	<b>X</b>	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
<b>TOTAL AMOUNT OF LOSS CLAIMED</b>					

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

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

PLEASE COMPLETE FOR **FUSION** DAMAGE:-

Machine / Appliance	Maker	Date of Purchase	H.P. of Motor	Name of Repairer (Invoice/Quote)	Cost of Repairs
<b>TOTAL REPAIRS</b>					
Note: To Avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable					
<b>LESS EXCESS</b>					
<b>NET AMOUNT CLAIMED</b>					



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

DETAILS OF INJURY OR DAMAGE TO THIRD PARTIES				
Name of third party	Occupation of third party			
<input type="text"/>	<input type="text"/>			
Address of third party				
<input type="text"/>				
<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Nature and extent of injuries/damage				
<input type="text"/>				
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"/>				
Have you received any correspondence from third parties? If so, please attach <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you made any admission of liability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="text"/>				