

HOUSEHOLDERS CLAIM

The issue of this form does not constitute an admission of liability on the part of the insurer.

Please complete: Part A Compulsory for all claims
Part B Relevant sections pertaining to your claim
Part C Compulsory for all claims

Policy Number Claim Number

PART A Compulsory For All Claims

THE INSURED

Name

Address

State Postcode

Are you registered for GST? yes no What is your ABN?

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the policy? yes no If yes, will you be claiming an amount less than 100%? yes no
Specify amount claimed %

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged? yes no If yes, will you be claiming an amount less than 100%? yes no
Specify amount claimed %

Business Phone Private Phone

Fax Number Mobile Phone

Occupation

THE PROPERTY

Are you the owner of the property being claimed for? yes no

If no, give details

Was there any other insurance covering this damage current at the time of the occurrence? yes no

If yes, give details Name of Insurer Policy Number

Does any other party have an interest in the damaged property the subject of the claim? eg. Mortgagee, Finance Co leasee yes no

If yes, give details Name Telephone

THE PREMISES

Address of Loss

Describe the premises (ie. Home, Flat, Boarding House, Home Unit etc.)

Are the premises tenanted? yes no Name of Tenant

If tenanted, are the premises let furnished? yes no

Were the premises occupied at the time of the loss? yes no If no, give details of when last occupied

Name Hour Day Date

Was anyone other than the Insured or his/her immediate family at home at the time of the loss? yes no If yes, give details of tenant

Is any trade, business or profession carried out at the premises? yes no If yes, give details

INCIDENT DETAILS

Day of incident Date of incident Between am pm and am pm

How did the damage / loss occur?

Was another person responsible for the damage? If yes, give details yes no

Name

Address

State

Postcode

If the damage is the result of fire did the fire brigade attend? yes no

DETAILS OF PREVIOUS LOSS OR DAMAGE

Have you ever suffered any loss, damage or theft at this address or elsewhere in the last 5 years? If yes, give details yes no

Type	Date	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/> \$

Have you made a claim on any insurer for any of the above mentioned incidents? If yes, give details yes no

Type	Date	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/> \$

PART B Complete Relevant Sections Pertaining To Your Claim

BREAKAGE OF GLASS, BASINS, TOILET BOWLS ETC - Please attach invoice or quotation

What was broken?

Was the break through the entire thickness of the material? yes no

Has the break been repaired? yes no

If yes, have you paid the account? yes no

FUSION - (DAMAGE BY ELECTRIC CURRENT TO MOTORS)

Type of appliance to which motor is a part - please indicate if this appliance is built in or transportable.

How many kilowatts is the motor?

How many years old is the appliance?

Is the motor under warranty? yes no

Has the damaged motor been repaired? yes no

Is the appliance a swimming pool pump? yes no

If yes, is the pool above ground? yes no

Has the motor been previously replaced? yes no

How many years ago?

A full report from the electrical contractor who completed the repairs must accompany this form. Failure to provide this report may delay your claim.

STORM AND WATER DAMAGE

Describe the damage

How did the Wind, Rain or Water enter the premises?

Did the storm cause this opening? If yes, give details yes no

THEFT OR BURGLARY - Please attach original purchase docket, invoices or receipts. If you provide as much proof about owning the items it will help with quick processing

How was the premises entered and what damage was caused during entry?

Which rooms were entered?

Have the police recovered any property? yes no

SECURITY DETAILS

Are any of these used to provide security to the premises?

- | | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Keyed window locks on all accessible windows | <input type="checkbox"/> Grills on all accessible windows and doors | <input type="checkbox"/> Fixed safe |
| <input type="checkbox"/> Double keyed deadlocks on all perimeter doors | <input type="checkbox"/> Perimeter alarm | <input type="checkbox"/> Free standing safe |
| <input type="checkbox"/> Back to base (please attach activity report) | <input type="checkbox"/> Internal alarm | <input type="checkbox"/> None |

Did the device activate as a result of theft? yes no

Any loss involving malicious damage, lost or stolen property must be notified to the police.

POLICE DETAILS

Have the police been notified? If yes, by whom yes no

Name

Phone

Police Station

Date notified

Crime Report No.

Please attach a copy of the Police Report, if available.

If the damage is the result of fire, did the fire brigade attend? yes no

PART C Compulsory Completion For All Claims

DETAILS OF CLAIM - Please attach quotations. If insufficient space please attach list and show total amounts only below.

Damage Building

Particulars	Name of Repairer	Amount Claimed
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Total		\$ <input type="text"/>

Loss or Damage to Other Property

Description of Property (Include Serial Number)	Where Purchased	Date Purchased	Value at Time of Loss	Replacement Value (Attach quotes)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total				\$ <input type="text"/>

We are not responsible for payment of invoices, however, please indicate if you request payment to any other party.

PRIVACY

The ACE IRM Privacy Policy explains what sort of personal information we collect and hold about you and what we do with that information. Please contact us for a copy of our Privacy Policy or visit our website www.aceirm.com.au

DECLARATION AND AUTHORISATION

The information and answers given above are true and complete in every detail.

I understand the claim may be refused or reduced if information is withheld.

I authorise that ACE IRM Insurance Broking Group Pty Ltd give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured 1.	<input type="text"/>	Date	<input type="text"/>
Signature of Insured 2.	<input type="text"/>	Date	<input type="text"/>

Please check that this form has been fully completed as any omissions may delay your claim.