



Action Insurance Brokers

“Service Solutions Security”

Licensed Financial Service Provider – AFSL# 225047

Principal Member – National Insurance Brokers Association

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.)

YOUR PRIVACY

Action Insurance Brokers and its Authorised representatives have and adhere to a privacy policy, which will ensure the privacy and security of your personal information. A copy of our privacy policy is available on request. A copy is also available on our website, www.actioninsurance.com.au

Claim No:

1. Policy Details

Full Name(s) of Insured:		Address of Insured: Postcode.....	
		Telephone No:	A/H (....)
			B/H (....)
Insurer:		Policy No:	
Expiry Date: / /		Sum Insured:	\$
GST Details: Are you registered for GST Purposes? Yes <input type="checkbox"/> No <input type="checkbox"/> ABN No:			
To what extent are you entitled to claim an Input Tax Credit for this policy?%			
Payment: Following Acceptance of your Claim by the Insurer, Please nominate your preferred method of payment. Cheque <input type="checkbox"/> Direct Payment <input type="checkbox"/> If you selected Direct Payment please provide the following information Bank Account Name BSB Account Number Note: Final Payment is at the Insurers discretion provided an EFT payment facility is available.			

2. General Details Of Loss / Damage

Location of loss/damage			
Actual date of loss/damage	/ /20	Approx time of loss/damage	am/pm
Are you the owner of the lost/damaged property?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please state name(s) and address(s) of all other parties and their interest in the property):		
Was the lost/damaged property:	(i) subject to a Lease or an Agreement? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes to either/both, please give details) (ii) covered under another insurance policy? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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

3. Complete This Section For Personal Valuables / Burglary / Theft

How were the premises entered?
Were the premises occupied at the time of loss?	Yes <input type="checkbox"/> No <input type="checkbox"/> (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?	
For what purpose?	

5. Complete This Section For Transit Loss / Personal Baggage

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

