
A. INSURED DETAILS

Name of insured

Address

Postcode

Name of contact

Occupation

Telephone number

Mobile number

Email

Insurer

Policy number

B. ELECTRONIC FUNDS TRANSFER DETAILS

Following your insurer's approval of your claim, should you wish to have your claim benefits transferred directly into your bank account, please provide the following details:

Name of Financial Institution

Account Name

BSB Number

Account Number

C. INCIDENT DETAILS

Date of the loss, theft or damage

time

am/pm

Please describe what happened

Address where the loss, theft or damage happened

Are you the only occupier of the premises?

yes no

If 'no', please provide details

Who discovered the loss, theft or damage and include their name, date discovered and time

Do you know who is responsible for the loss, theft or damage?

yes no

If 'yes', please provide their name, address and any other information about the person/s responsible

Were the premises broken into?

yes no

If 'yes', please advise the time and date when the premises were last occupied

Were the premises securely locked?

How was entry gained?

Have steps been taken to improve the security of your premises?

You must report any loss, theft or vandalism of property to the Police and obtain a copy of their report.

D. WITNESSES

Were there any witnesses to the loss, theft or damage?

yes no

If 'yes', please advise their name, address and telephone number

E. POLICE DETAILS

Name of the police station where you reported the matter

Name of police officer

Police offence report number

Date reported

F. SCHEDULE

Please complete for loss of property/contents/valuables

Description of property for which loss is claimed	Owner address	Date of purchase or acquisition	Replacement cost (inc GST)	Less Input Tax Credit (as %)*	Value of salvage (if any)	Amount of loss or damage claimed
Total amount of loss claimed						\$

**Less Input Tax Credit you can claim on the purchase of these items as a % of the total GST payable.*

If you need additional space, please attach a list describing each item.

G. THE PROPERTY

Do you owe any money on the property lost, stolen or damaged? yes no
If 'yes', please provide the lender's name, address and the approximate amount owing

Is the property repairable? yes no
If 'yes', please attach a quote for repairs.
If 'no', please attach the original receipts, valuations, quote for replacement or a certification from an authorised repairer that the item is unrepairable

Some of the property lost, stolen or damaged may be covered under other policies, including health insurance. Please list any other insurance you have which might cover these items

Name of the Insurer

Policy Number

Type of Insurance

Address

Postcode

Have you had any previous losses or made any claims for loss, theft or damage on any insurer in the past 5 years, whether you claimed for them or not? yes no
If 'yes' please advise what happened including the value of the item, the date of loss and the name of the insurer

Has any insurer refused or cancelled cover or required special items to insure you? yes no
If 'yes', please advise what happened

Have you been charged with, or convicted of, any criminal offence in the last 10 years? yes no
If 'yes', please provide details

H. GOODS AND SERVICES TAX

To ensure that you do not incur any unnecessary GST liabilities on this claim please complete these details.

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

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 Specify amount claimed %

I. DECLARATION

I/We declare that:

1. I/We the Insured do solemnly and sincerely declare that I/we have complied with the terms and conditions of the Policy and in no manner caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim.
2. I/We understand the claim may be refused or reduced if information is withheld.
3. I/We authorise the insurer to disclose information contained herein to their advisors, reinsurers and to other insurers. I/We authorise the insurer to obtain from any other party information that is, in the insurer's view relevant to this claim.

Signature of insured

date

Aon is a leading provider of risk management services, insurance and reinsurance broking, financial planning and employee benefit and risk solutions. Aon professionals meet the diverse and varied needs of our clients through our industry knowledge, technical expertise and global resources.

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