



General Insurance Claim Form

Claim No.

Policy No.

Expiry Date

Excess

THE COMPLETION OF THIS FORM AND ITS RECEIPT BY US IS NOT AN INDICATION THAT WE ACCEPT ANY LIABILITY.

PLEASE PRINT IN BLOCK LETTERS and answer all Questions where applicable (Provide full and complete answers). If a particular question does not apply, please write "Nil" in the space provided. If the space provided below is insufficient to advise all the details, please attach a separate sheet.

THE FORM SHOULD BE COMPLETED AND RETURNED TO SGIC WITHIN 7 DAYS OF RECEIPT BY THE INSURED.

INSURED'S DETAILS

Name of Insured Mr
Mrs
Miss
Ms _____

Address _____

Postcode _____

Name of Business _____ Contact Name _____

Telephone No. _____ Mobile No. _____ Facsimile No. _____

Site of Risk _____

(1) Are you registered for GST? No Yes

(2) What is your Australian Business Number (ABN)?

(3) Are you entitled to any Input Tax Credit (ITC) if you repair or replace the property damaged? No Yes

If "yes", what is your percentage entitlement? _____ %

(4) What was your 'Entitlement to an Input Tax Credit' (EITC%) on your premium payment for this policy? _____ %

DETAILS OF CLAIM

(1) What type of claim are you reporting? Fire Glass Burglary, Theft, Money Storm and Tempest

(2) Have you previously reported this claim to us? No Yes

If "yes", how? _____ and when? _____

(3) Date of loss or damage ____/____/____ Time: _____ am/pm Amount claimed \$ _____

(4) When was it discovered? _____

(5) Where did it occur? _____

(6) Has the incident been reported to the police? No Yes If "yes", please advise:

Name of Station _____ Date reported ____/____/____ Report No. _____

By Whom _____

(7) Were there any witnesses to the damage? No Yes If "yes", please advise:

Name of Witness _____

Address _____

(8) Name and address of any person(s) responsible and their relationship to you. _____

(9) Have the repairs been carried out? No Yes If "yes", please advise:

Repairer's Name _____

(10) Has the repair account been paid? No Yes

GENERAL INFORMATION

(1) Was the damaged property wholly owned by you? No Yes

If "no", provide details of ownership _____

(2) Is there any other insurance covering the property lost or damaged? No Yes

If "yes", advise name of insurance company and policy number _____

(3) Have you ever before sustained loss which would have been recoverable under this form of insurance or under a Fire, Burglary or All Risks Insurance Policy? No Yes

If "yes", give details, dates, amounts, etc. _____

DETAILS OF LOSS OR DAMAGE

Please describe fully the extent of loss or damage:

DETAILS OF PROPERTY LOSS OR DAMAGE

A. Fire Claim Only

- (1) Is there any structural damage? No Yes
- (2) Is the property now secure? No Yes
 If "no", please give details _____
- (3) Have all necessary precautions been taken to avoid further loss or damage? No Yes
 If "yes", please give details _____
- (4) Did the Fire Brigade and/or Police attend? Fire Brigade No Yes Police No Yes
 If "yes", what is the cost? _____

B. Glass Claim Only

- (1) Type of glass broken Window Door Shower Screen Other Give details: _____
- (2) Is signwriting reinstatement necessary? No Yes
 If "yes", what is the cost? _____

C. Burglary, Theft and Money Claims Only

- (1) Were the premises broken into? No Yes
- (2) What security was enforced at time of loss?
 (a) Keyed window locks Bars fitted to all external windows Dead locks fitted to all external doors
 (b) Burglar alarm No Yes
 If "yes", give details: Make/type _____
 Local noise/light maker Telephone dialler to monitoring company Securitel
 Direct private landline to monitoring company
- (3) Describe the means of entry _____
- (4) Was the property in the open air at the time of loss? No Yes
 If "yes", where was the property situated? _____
- (5) Was the money kept in a locked safe? No Yes
 If "yes", were the keys kept on the premises? _____

D. Storm and Tempest and Rainwater Claims Only

- (1) Were immediate steps taken to prevent further damage? No Yes
- (2) Did the damage result from one storm? No Yes
- (3) Is the damage attributable to inadequate guttering/faulty or poor workmanship? No Yes

STATEMENT OF CLAIM

* If you are registered for GST and you are making a claim for any Item(s) used for business purposes, please insert Input Tax Credit % entitlement per item

Items lost or damaged	Date of Purchase	Replacement Cost Price	Deduction for age, wear & tear	Value of salvage (if any)	Amount Claimed	*ITC %
					\$	

Total Amount of Claim

\$

WHERE POSSIBLE, PLEASE ATTACH REPAIR/REPLACEMENT INVOICES AND/OR RECEIPTS.
 PLEASE CHECK TO ENSURE ALL RELEVANT QUESTIONS HAVE BEEN ANSWERED.

DECLARATION

I/We declare that the said theft or loss occurred without my/our knowledge or consent.
 I/We have not sought to benefit unjustly from this claim by fraud, wilful misrepresentation or exaggeration.
 I/We declare that the information supplied on this claim form is true in every respect.
 I/We consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my/our personal information to or collecting my/our personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

Signature of Insured _____ Date _____