

Level 3, Building 7, Botanicca Corporate Park
570-588 Swan Street, Richmond VIC 3121
Ph: 03 9290 9200 Fax: (03) 98182099
E: claims@mclardymcshane.com.au
www.mclardymcshane.com.au

Property Claim Form

Insured Details

Policy Number: _____
Name of Insured: _____
Contact Person: _____
Home Ph: _____ Work Ph: _____ Mobile: _____
Email: _____
Address: _____
Postcode: _____

Are you registered for GST? Yes No If yes, what is your ABN? _____

Have you claimed or do you intend to claim an input tax credit on the GST component of the policy premium?

Yes No If yes, will you be claiming an amount less than 100%?

Yes No If yes, specify amount claimed: _____ %

Are you entitled to claim any input tax credit for repairs to the damage?

Yes No If yes, will you be claiming an amount less than 100%?

Yes No If yes, specify amount claimed: _____ %

Incident Details

Address of where incident occurred: _____

Date and time: _____

Incident description: _____

Schedule

Description of property lost or damaged: *(Attach a separate list if there are more than 5 items)*

Description	Year purchased	Replacement/repair cost	Amount claimed
1 _____	1 _____	\$ _____	\$ _____
2 _____	2 _____	\$ _____	\$ _____
3 _____	3 _____	\$ _____	\$ _____
4 _____	4 _____	\$ _____	\$ _____
5 _____	5 _____	\$ _____	\$ _____

TOTAL CLAIMED \$ _____

Police

Have the Police been notified of the incident? Yes No (All burglary, theft and malicious damage claims must be reported)

Police Station: _____ Reporting Officer: _____

Police Report Number: _____ Date Reported: _____

Security

Give details of any extra precautions or security improvements taken since the loss:

Give details of any other action taken to recover or reduce the loss:

Third Party Details

Do you know who was responsible for the damage? Yes No If yes, please provide details below

Name: _____

Address: _____ Postcode: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Witnesses

Were there any witnesses to the event? Yes No If yes, please provide details below

Name: _____

Address: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Other Insurance

Do you hold any other insurance policies under which a claim for this incident may be made? Yes No

If yes, please provide details below

Name of insurer: _____

Policy details: _____

Insured History

Have you had any insurance declined or cancelled or special conditions imposed in the last 5 years?

Yes No If yes, please provide details: _____

Have you ever been convicted of or had any fines or penalties imposed for any criminal offence?

Yes No If yes, please provide details: _____

Have you ever suffered a loss or made a claim on a property related insurance policy in the last 5 years?

Yes No If yes, please provide details: _____

Privacy: We are committed to protecting your privacy in accordance with the Privacy Act 1998. Our Privacy Policy describes our current policies and practices in relation to the handling and use of personal information. A copy of our Privacy Policy can be obtained from any of our offices, or on our website at www.mclardymcshane.com.au

Declaration: I/we certify that the above information and answers are true and complete. I/we understand that the claim may be refused or reduced if information is withheld.

Signature of Insured: _____ Date: _____