General Claim Form

Addis
INSURANCE BROKERS

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

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.

If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.

We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.

Your information will be disclosed to organisations Overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, information about where the insurer is located is set out below:

By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above.

You understand that any personal and sensitive information disclosed to organisations located overseas may not be protected in the same way as it is in Australia. Even though we have no control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above.

Further information about how to access the personal information we hold about you, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website:

www.addisib.com.au

Contact us.

You can contact our Privacy Officer using the details below.

Privacy Officer	Edgewise Insurance Brokers Pty Ltd Level 4, 449 Punt Road, Cremorne, VIC, 3121	03 9425 1333 or by email email@edgewise.com.au

Claim Number

1. DETAILS OF POLICYHOLDER

Full Name

Address

Occupation or Trade

Telephone (A/H)

Telephone (B/H)

Email Address

Insurer

Policy Number

Account Manager

Client Code

Expiry Date

2. GENERAL DETAILS OF LOSS/DAMAGE

Where did the Event occur?

Date of event

Approx time of loss/damage

Brief Description (including cause of loss/damage)

Amount Claimed *(as shown on Schedule on the following page)* $

Is any Third Party to blame for loss or damage?

Yes No If Yes, please give details below:

Have you received, or do you anticipate receiving, notice of any claim from or on behalf of Third Parties?

Yes No If Yes, please give details below:

Give details of all witnesses, if any:

Name 1

Address

Postcode

Name 2

Address

Postcode

Were the police notified?

Yes No If Yes, please give details below:

Date of report

Report Number

Name of Police Station

Have you taken any action to recover or reduce your loss?

Yes No If Yes, please give details below:

3. OTHER PARTICULARS

Name of Owner of property lost/damaged

Name of any other interested party (eg. Mortgagee, Trustee)

Details of any other insurances covering lost/damaged property

4. ABN DETAILS – COMPLETE FOR ALL CLAIMS

Are you a registered business? ◯ Yes ◯ No

What is your ABN number?

What percentage of GST (if not 100%) in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?

In the past 5 years, has the Policyholder:

i. been convicted of, or had any fines or penalties imposed for any crime? ◯ Yes ◯ No

ii. had an insurance policy declined, cancelled or conditions imposed? ◯ Yes ◯ No

5. DECLARATION

I declare that the above statements are true, that I have not suppressed or mis-stated any facts. I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Addis in the event of any action or matter that may be taken by any party pursuant to the *Privacy Act 1988 (Cth)*. I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Claimant 1 Full Name (Please use block letters)

Claimant 2 Full Name (Please use block letters)

Claimant 1 Signature`

Claimant 2 Signature

Date

Date

☐ This electronic signature will be treated the same as if signed personally *(tick to sign)*

6. BANK DETAILS

BSB Number

Account Number

Account Name

Schedule

1. PLEASE COMPLETE FOR LOSS OF PROPERTY:

Description of property for which loss is claimed	Date of Purchase or Acquisition	Original Cost	Value at time of Loss - allowing for reasonable Depreciation	Value of Salvage (if any)	Amount of Loss Claimed
				TOTAL AMOUNT CLAIMED	

2. PLEASE COMPLETE FOR DAMAGE TO PROPERTY:

Particulars	Name of Repairer (Invoice/Quote)	Amount of Damage Claimed
	TOTAL AMOUNT CLAIMED	

Note: To avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable

4. PLEASE COMPLETE FOR THIRD PARTY CLAIMS:

Details of injury or damage to third parties

a) Name

b) Address

c) Occupation

d) Nature and extent of injuries/damage

e) Has the third party any relationship to you (eg. relative, employee)? ◯ Yes ◯ No

f) Have you received any correspondence from third parties? *If so, please enclose them with this form.* ◯ Yes ◯ No

g) Have you made any admission of liability? ◯ Yes ◯ No