property insurance



claim report

property

Please retain this page for your information

About your claim

- Most policies allow for replacement of property with the nearest equivalent available or a cash settlement. Valuation figures and sums insured for jewellery and some other items are not agreed cash settlement amounts. They are maximum limits on the amount which may be claimed. Claims for jewellery and some other items are usually settled by replacement. We will advise you how we will settle your claim.
- We will contact you as quickly as possible about your claim.
- For many claims we will check the circumstances and damage before we authorise and pay for repairs.
- We may appoint a loss adjuster or investigator or contact you for more information.
- Please ensure you answer the GST questions at Q. 3 & Q. 14.

Do not authorise repairs yourself

- If possible, retain any damaged items, as we may need to inspect them before settling your claim.
- Please attach an original quotation for repair or replacement of items. Quotations for replacement must be for property of equivalent style and quality to that which was lost or damaged or stolen.
- ◆ If possible, please attach proof of purchase, if items are no longer available for inspection.
- Please refer to your policy booklet for more information about how your claim will be handled.
- ◆ If you have any questions about your claim, please contact your local CGU Insurance office. The telephone numbers are:

Adelaide	(08) 8405 6300	Perth	(08) 9278 1333
Brisbane	(07) 3212 7878	Sydney	(02) 8224 4000
Launceston	(03) 6345 3500	Ballarat	(03) 5320 1444
Melbourne	(03) 9601 8222	Newcastle	(02) 4935 7100

How you can resolve a dispute with us

Our dispute resolution system is free and works like this:

- 1. Please advise the staff at your local CGU Insurance office (phone numbers above) if you are dissatisfied with:
 - our decision on your claim,
 - · our handling of your claim,
 - the services of our loss adjuster or investigator.
- 2. The staff member will try to resolve the problem.
- 3. If unable to resolve it, the staff member will refer it to the supervisor or manager for attention. A decision concerning your complaint will be made within 15 business days of receipt.
- **4.** If this fails to resolve your problem, you may request that the problem be referred to our internal dispute resolution staff. They will investigate the dispute and try to reach a satisfactory outcome with you, normally within 15 business days of the date you requested a referral.
- 5. If you do not accept our decision, you may take the problem to the Insurance Ombudsman Service (IOS), for an independent investigation. The IOS can assist with private consumer and some small business type claims.

The telephone number for the Insurance Ombudsman Service is 1300 780 808.

More detailed information about this process is available from your local CGU Insurance office.

Property Insurance Claim Report

For loss, theft, fire, glass, impact and other damage claims

This form is for making claims for lost, stolen or damaged property. If your claim is for a motor vehicle, personal injury or illness or machinery, or if it is a claim on a travel policy, you need a different form.

Ask our agent, your broker or your local CGU Insurance office for the right one.

Please answer all questions. This will help us process your claim quickly.

If you need more space to answer any of the questions, please use a separate sheet of paper.

Any attachments will form part of this claim report and the declaration will include them.

Ring your local CGU Insurance office to see if your claim can be settled by our

RAPID Repair or QUICKGLASS service.

			Office use only	
4	Dalier no (frame very selective)	Francis data	Alpha XS AD LE	
1.	Policy no. (from your schedule)	Expiry date	code Cause	
	::::::	: / / /		Ш
2.	Insured (surname, company or p	oartnership)		
	Given name(s) of insured	Contac	t person (for company or partnership claims)	
	Occupation			
3.	Are you registered for GST purp	ooses?		
	No Yes What is your A	BN? : : : : :	: : : :	
	Have you claimed or do you into	end to claim an input tax cre	edit on the GST applicable to this policy?	
			Specify the percentage	
	be claimed less	than 100% of the GST '	amount claimed or	%
	applicable to t	he premium?	intended to be claimed	
4.	Address			
4.	Address		Postcode	
		Rusiness telephone no		
	Address Private telephone no.	Business telephone no.	Facsimile no.	
5.	Private telephone no.	()		
5.	Private telephone no. () When did the loss, theft or dan	() nage happen?	Facsimile no.	
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5. 6.	Private telephone no. () When did the loss, theft or dan Date Time	nage happen? a.m p.m	Facsimile no.	
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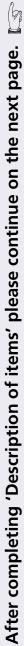
8.	Address where loss, theft or damage happened			
			Postcode	
	Are you the only occupier of your premises?			
	Yes No Please give details			
9.	Who discovered the loss, theft or damage?			
		Date discovered	Time	_a.m
		/ /		p.m.
10.	Do you know who is responsible for the loss or theft of, or damage to your pr	roperty?		
	No Yes Name(s), address(es) and any other information about the		sible	
	. Were there any witnesses to the loss, theft or damage?			
	No Yes Name of witness	Telephone no).	
		()		
	Address			
			Postcode	
	Name of witness	Telephone no).	
		()		
	Address			
			Postcode	
12	. Were your premises broken into?			
12.	No Yes When were the premises last occupied?			
	Date Time a.m.			
	/ / p.m.			
	Were the premises securely locked?			
	How was entry gained (e.g. window broken, door forced)?			
	Have steps been taken to improve the security of your pren	mises?		
	Vari milita vanant anvi lass thaft av vandalism of nuonauti t	to the police		
	You must report any loss, theft or vandalism of property t We may need to apply to the police for a copy of this			
13.	. Name of police station where you reported it Name of police officer			
	Police offence report no. Date reported			
	You must report any loss caused by fire to the brig	gade.		
	Name of fire station where you reported it Date reported			

Only complete this column if the items being claimed for are used in connection with your GST registered business.

Description of items

14. Please list the details of your lost, stolen or damaged property.

Amount claimed \$												\$	
Input tax credit you can claim on the repair or replacement of these items as a % of the total GST payable.													Total
Purchase price \$													item.
Month/Year received or purchased													scribing each
Name and address of person/company from whom the item was received or purchased, if known													If you need additional space, please attach a list describing each item.
Owner of the item													If you nee
Describe fully each item lost, stolen or damaged													
Item No.													





Attach a quote for the repairs. No Attach original receipts, valuations, quote for replacement or a certification from an authorised repairer that the item is unrepairable. 16. Do you owe money on the property lost, stolen or damaged? No Yes Lender's name Approx. amount owing Address Postcode 17. 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 no. Type of insurance Address Postcode 18. Have you had any previous losses or made any claims for loss, theft or damage on any insurer in the past five years, whether you claimed for them or not? No Yes Tell us what happened Value Date of loss Insurer \$ 1 / / \$	No Atta auth 16. Do you owe money or No Yes Lend Add 17. Some of the property Please list any other in Name of the insurer Address 18. Have you had any prevyears, whether you cla	ch original receipts, valuation orised repairer that the iter the property lost, stolen or	m is unrepairable		ification from an
authorised repairer that the item is unrepairable. 16. Do you owe money on the property lost, stolen or damaged? No Yes Lender's name Approx. amount owing S Address Postcode	auth 16. Do you owe money or No Yes Lend Add 17. Some of the property Please list any other in Name of the insurer Address 18. Have you had any prevyears, whether you cla	orised repairer that the iter the property lost, stolen or	m is unrepairable		ification from an
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Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to CGU Insurance using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, CGU Insurance may not be able to process my claim.

* I consent to CGU Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to CGU Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisers.

Signature of insured or person with authority to sign for and on behalf of a company or partnership	Date								
		/	1						
* This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.									
Please indicate the number of additional pages attached to this claim report									





Insurer CGU Insurance Limited ABN 27 004 478 371 An IAG Company

HOC0051 REV1 4/06