

PROPERTY CLAIM FORM

We are sorry to hear that an incident has occurred to cause loss / damage. Our aim is to facilitate the ease of the claims process so your claim can be assessed as quickly as possible.

You can help us do this by ensuring the enclosed claim form is completed promptly and that all relevant questions are fully answered. If there is insufficient space, please attach a separate statement.

If you have supporting documentation available, such as photos, footage, police incident report numbers, builders reports, invoices, purchase receipts, quotes etc, please forward these to us together with the completed claim form.

Should you have any problems during the period of your claim, please contact us and quote your claim number if you know it. We assure you of our prompt attention to any queries you may have.

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, you can contact us for information about where the insurer is located.
- 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, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website:

https://midlandinsurance.com.au/wp-content/uploads/2020/08/Privacy-Statement-and-Compliance-doc_15.01.2020.pdf

PLEASE RETURN COMPLETED CLAIM FORM AND ANY SUPPORTING DOCUMENTATION TO:
carltonclaims@midlandinsurance.com.au

1. Policy Details

Claim Number:

<p>Full Name(s) of Insured:</p> <p>.....</p> <p>.....</p> <p>Address of Insured:</p> <p>.....</p> <p>.....</p> <p>.....Postcode</p>	<p>Email Address:</p> <p>Telephone Numbers:</p> <p>Business Hours (.....)</p> <p>After Hours (.....)</p>	
Insurer:	Policy No:	Expiry Date: / /

2. General Details of Loss / Damage

Location of loss / damage		
Actual date of loss / damage / /	Approximate time of loss / damage am pm
<p>Was the lost/damage property:</p> <p>(i) subject to a Lease or an Agreement? Yes No</p> <p>(ii) Covered under another insurance policy? Yes No</p> <p>If YES to either or both, please give details:</p> <p>.....</p> <p>.....</p>			
What steps have been taken to recover the lost property or minimise damage to the property?	<p>.....</p> <p>.....</p> <p>.....</p>		
Describe the circumstances and cause of the loss/ damage.	<p>.....</p> <p>.....</p>		

How was the loss/ damage discovered?
Were the police notified?	Yes No If Yes, please state: (i) Date of report: / / (ii) approximate time of report: am pm (iii) Name of Police Station: (iv) Name of Police Officer: (v) Event Number
Has any property been recovered?	Yes No (If Yes, please give details)
Was any other party responsible for the loss/ damage?	Yes No (If Yes, please give details)
Has anyone been charged for the loss/ damage?	Yes No (If Yes, please give details)

3. Complete this section for Personal Valuables / Burglary / Theft

How were the premises entered?
Were the premises occupied at the time of loss?	Yes No If No, please state: (i) Date last occupied: / / (ii) Approx. time last occupied: am pm

7. Complete this section for ALL Claims – ABN Details

Are you a registered business?	Yes	No
What is your ABN?	ABN No:	
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?%		

8. Declaration

<p>I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.</p> <p>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 Midland Insurance Brokers 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".</p>	
Full name of claimant(s) (please use block letters)
Signature(s)	Date: / / Date: / /

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 or Damage Claimed	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
TOTAL AMOUNT OF LOSS CLAIMED					\$	

(2) PLEASE COMPLETE FOR **DAMAGE** TO PROPERTY:-

Particular	Name of Repairer (Invoice / Quote)	Cost of Repairs	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL REPAIRS		\$	
TOTAL AMOUNT CLAIMED		\$	

(3) PLEASE COMPLETE FOR **FUSION** DAMAGE:-

Machine / Appliance	Maker	Date of Purchase	H.P. of Motor	Name of Repairer Invoice/Quote Attached	Cost of Repairs	
					\$	
					\$	
					\$	
					\$	
					\$	
TOTAL REPAIRS (Note: To Avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable)					\$	
LESS EXCESS					\$	
NET AMOUNT CLAIMED					\$	

(4) PLEASE COMPLETE FOR **THIRD PARTY CLAIMS**:-

Details of injury or damage to third parties:-

a) Name:

.....

b) Address:

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.....

c) Occupation:

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d) Nature and extent of injuries/damage:

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e) Has the third party any relationship to you (eg. relative, employee)?

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f) Have you received any correspondence from third parties? If so, please enclose them with this form.

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g) Have you made any admission of liability?

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