

Property Claim Report

AIB AUSTRALIA

For Loss, Theft, Fire, Glass, Impact and Other Damage Claims

Please complete and return via Email with supporting documentation.

GENERAL DETAILS	
Broker's Reference No	<input type="text"/>
Policy No	<input type="text"/>
Expiry Date of policy	<input type="text"/>
Insured / Company Name	<input type="text"/>
Name of person for Contact	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
GST Details	Registered for GST <input type="checkbox"/> Yes <input type="checkbox"/> No ITC entitlements <input type="text"/> %
ABN	<input type="text"/>

INCIDENT DETAILS	
Date of Loss	<input type="text"/>
Location of Loss/Accident (Street, Suburb, P/Code)	<input type="text"/>
Postcode	<input type="text"/>
Details of Incident: (If theft has occurred please include how entry gained.)	<input type="text"/>
Estimated Loss	<input type="text"/>
Name of who discovered the loss, theft or damage?	<input type="text"/>
Date Discovered	<input type="text"/>
Time	<input type="text"/>
	<input type="checkbox"/> AM <input type="checkbox"/> PM
Were your premises broken into?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes - How was entry gained (e.g. window broken, door forced)?	<input type="text"/>
Time	<input type="text"/>
	<input type="checkbox"/> AM <input type="checkbox"/> PM
Were the premises securely locked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When were the premises last occupied?	Date <input type="text"/>

POLICE

You must report any loss, theft or vandalism of property to the police.

Police report no.

Date reported

Name of police station where you reported it

Name of officer

Have steps been taken to improve the security of your premises?

Yes No

If Yes please supply full details

WITNESSES

Were there any Independent Witnesses to the incident?

Yes No

If Yes – (please advise relationship, employee, family etc)

Witness 1

Name, Address & Contact Details

Name

Address

Contact Details

Where was the Witness

Witness 2

Name, Address & Contact Details

Name

Address

Contact Details

Where was the Witness

PERSON(S) RESPONSIBLE & FURTHER INCIDENT DETAILS

Do you know who is responsible for the loss or theft of, or damage to your property?

Name(s), address(es) and any other information about the person(s) responsible

Person 1

Name

Address

Other Info / Contact Details

Person 2

Name

Address

Other Info / Contact Details

Do you owe money on the property lost, stolen or damaged?

Yes No

If Yes provide details of Lender

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

Date purchased	Purchased From	Description of Item	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSON(S) RESPONSIBLE & FURTHER INCIDENT DETAILS (continued)

Date purchased	Purchased From	Description of Item	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you need additional space, please attach a list describing each item.

Is the property repairable? Yes No

If yes please attach a quote for the repairs.

If not repairable please attach report advising same and quote for replacement item.

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? Yes No

Has any insurer refused or cancelled cover or required special terms to insure you? Yes No

Have you been charged with, or convicted of, any criminal offence in the last ten years? Yes No

If Yes to any of the above Questions please advise full details.

SIGNATURE & DECLARATION

I/we certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/we understand that this claim may be refused if information is untrue, inaccurate or concealed.

Signature of Applicant Date

SETTLEMENT BY DIRECT DEBIT

Some Insurers offer settlement by Direct Debit into your Bank Account.

If this option is available with your insurer and you wish to take this option please provide your bank account details below.

Account Name Bank

BSB Account Number