



ALS INSURANCE
SOLUTIONS

Property
Claim Form

Property claim notification form

If you need more room for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.

Policy number

Advisor reference (if available)

Section 1 – Insured and contact details

Full name of policy holder

Full name of main contact / Advisor contact

Main contact relationship to policy holder

Telephone number B/H

Telephone number A/H

Facsimile number

Mobile

Email

Section 2 – Details of claim

Type of claim

- Accidental damage
 Burglary/theft
 Glass
 Fire
 Storm/water
 Business interruption
 Escape of Liquids
 Other

When did the loss/damage occur?

Date

Time

am pm

Full address where loss/damage occurred

	State	Postcode
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Description of loss/damaged item. Was there any other loss associated with this loss/damage?

What happened to lead to the loss and/or damage?

Have the police been notified?

Yes No

Police station

Date

Police report number

 / /

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

Yes No

Give details

Section 3 – Invoice/quote

Have the repairs been completed?

Yes No

Has an invoice been obtained?

Yes No

Has a quote been obtained?

Yes No

Has a repairer report been obtained?

Yes No

If Yes, please attach a copy of the invoice/quote/repairer report to the completed claim form.

Description of Property lost/damaged/stolen	Year purchased	Replacement value (new condition) AUD\$	Cost of repairs (if damaged) AUD\$	Amount Claimed AUD\$
<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"/>	<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"/>
Total amount AUD\$				<input type="text"/>

Section 4 – Goods and Services Tax (This section must be completed for all claims)

To ensure you do not incur any unnecessary GST liabilities on your claim please complete these details.

Are you registered for GST purposes?

Yes No

If Yes, what is your ABN?

If you have an ABN, have you claimed or are you entitled to claim an Input Tax Credit (ITC) on the GST paid on this policy?

Yes No

If Yes, is the amount claimed less than 100% of the GST applicable to the premium?

Yes No

If Yes, specify

 %

the percentage amount claimed

Section 5 – Payment details

For accepted claims please confirm the **policy holder's** preferred payment. This payment can only be made to an account of the policy holder.

- Bank (details for a direct credit to your nominated bank account).
- Cheque.

Bank Deposit

Account holder (Name as it appears in the bank account)

Bank

Branch name

BSB number

Account number

- Send a cheque to my preferred address.

	State	Postcode
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A notification will be issued to you when the claim payment has been electronically deposited.

Section 6 - Additional Information

Do you have any Special Instructions and/or Additional Information to assist us

Declaration

I/We declare all the above details are true in every respect to the best of my/our knowledge and belief. I/We acknowledge that a claim may be refused and/or the policy may be cancelled if the answers or information I/We provide is untrue, inaccurate or concealed.

Policyholder or Agent Name

Date