

WHK Centre, Level 4 142 Elizabeth Street, **Hobart TAS 7000** Ph (03) 6231 3360 Fax (03) 6231 6053

> 4 Stewart Street Devonport TAS 7310 Ph (03) 6424 8886 Fax (03) 6423 4005

1st Floor, 75 Wilson Street **Burnie TAS 7320** Ph (03) 6431 1888 Fax (03) 6431 3444

237-241 Wellington Street Launceston TAS 7250 Ph (03) 6334 6111 Fax (03) 6334 8811

General Insurance Claim

The supply or acceptance of this form is not an admission of liability on the part of the insurer.

Steadfast Taswide Pty Ltd

AFS Licence No. 238451

enquiries@steadfasttaswide.com.au

www.steadffasttaswide.com.au

ABN 24 092 613 664

Full Name				
Address				
Bus Phone	Private Phone	Fax No.		
Occupation/Bus/Industry/Trade				
Name any other interested party		How interested		
Address				
Policy Number		Due Date		
Is there any other Insurance in force which would cover this in whole or part Yes No If Yes, please advise in the space provided.				
Insurer's Name				
Policy Details				
What is your Australian Business I	Number (ABN)?			
Are you registered for GST?		Yes No		
To what extent are you entitled to cla	aim an Input Tax Credit on the GS	ST applicable to the premium? %		

Details of Loss Damage or Occurrence

Date of Loss / Damage / or Occurrence	Time				
When was it reported to you (if applicable)?	Time				
Place and/or premises where it occurred					
Please state full details of how loss/damage/or accident occurred					
Please describe nature of damage or injury					
When were the Police notified?					
a) Time					
b) Police Station					
c) Officers name					
d) Police Report No.					

Responsibility/Witnesses

	ion was any other person(s) responsible for loss or damage the Occurrence? If YES, please give full details.	Yes No
Full Name		
Address		
Bus Phone	Private Phone	Fax No.

Reasons								
Was there a v If YES, please			ses to this e	event?		Yes	No	
Name of Witi	nesses							
Witnesses' Address								
Bus Phone			Private	Phone		Fa	x No.	
Description of property loss or damage								
	Sur		To as	sist in asses	sing the loss	s the following inf	ormation is requ	uested
Description	Claim	ed \$	Date of Purchase		whom hased	Purchase Price \$	Replace Value \$	*Input Tax Credit %
Total amount			*DI	ose show t	ha Innut Tay	Credit you are er	stitled to claim (on the
claimed						a percentage of th		
			h	nsuranc	e Histoı	ſ¥		
Have you ever previously sustained loss/damage or caused damage or injury to 3 rd partiesYesNoIf YES, give details of such losses and amounts involved.YesNo								
Was an Insur If YES, please				year of cl	aim.	Ye	s	No

Have you been convicted of or had any fines or penalties imposed for any criminal offences in the last 10 years? If YES, please provide details.

Yes No

Privacy

The Privacy Act 1988 requires us to tell you that we as broke and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration (must be completed)

- I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.
- 2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
- **3.** I/We acknowledge that I/We have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.
- 4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Date:

Signature: _____

How To Get Quick Action On Your Claim

- 1. Complete the attached form and return to our office. If an assessor is appointed, give them the forms.
- 2. Attach all **original** quotations or invoices obtained for replacement of r repair to the damaged or missing property. Photocopies are not accepted as a rule.
- 3. Attach **original** valuations and receipt of purchases whenever possible
- Advise the Police immediately in the event of loss by burglary, housebreaking, theft, suspected malicious damage. Also make sure the premises are secure to avoid further incidents.
 Note: Police reports are very slow so if you can obtain one at the time the report is taken, then this will save valuable time or at least obtain a copy or report number.
- 5. Attach any letter of demand or other correspondence that you may receive from any Third Party.
- 6. Do not make any admission of liability for loss or damage caused by you to the Third Parties.

WHAT WE WILL DO - IF THE PAPERWORK IS CORRECT AND COMPLETE: -

- Submit the claim form to the Insurer
- If the claim has not been paid within 30 days we will contact the Insurer and then advise you accordingly
- We will then follow up the claim when necessary until settlement is reached, however, please feel free to call at any time

WHAT AN ASSESSOR WILL DO:-

- An assessor is an independent person who is appointed by the Insurer for the expertise in helping you finalise a larger or more difficult claim
- They will interview and obtain details of a loss and arrange for quotes and prepare the necessary paperwork
- The assessor is your contact point
- The assessor will write a report to the Insurer recommending a course of action
- This can take time depending on their work load and Police Reports
- The Insurer will not act until these reports are received and although not bound by the assessor recommendations, the Insurers usually accept these reports
- If you are unhappy with any aspect of the claim, advise the assessor. If he is unable to correct the problem then contact us immediately. We will not know of any problem without being advised.
- If you are unhappy with the assessor's responses, contact us immediately.

