

Affinity Insurance Brokers

Managed and administered by Affinity Risk Partners (Brokers) Pty Ltd
ABN 15 091 944 580 AFS License No. 241185
A Member of the National Insurance Brokers Association

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HOME INSURANCE / CLAIM FORM

PLEASE READ THIS SECTION CAREFULLY BEFORE PROCEEDING

- All questions must be answered truthfully as failure to do so may affect acceptance of your claim.
- The issue and acceptance of this Claim Form is not an admission of liability.
- Please retain all damaged items until claim is settled.
- Repair or replacement of items must not be authorised without our approval.
- Please do not hesitate to contact us if you have any queries. We are here to assist you in any way we can.

THE INSURED

Policy No. _____ Expiry Date _____
Full Name Mr/Mrs/Ms _____ Date of Birth _____
Address _____ Postcode _____
Email Address _____
Home Phone no. _____ Work phone no. _____
Occupation or Business _____
Tax Status – Registered Business Yes No ABN _____ Taxable _____%

THE PROPERTY

Are you the owner of the property lost, damaged or stolen? Yes No
Does any other party have a financial interest in the property lost, damaged or stolen? Yes No
Give the name and address of the interested party _____

Nature of interest Mortgagee Finance Co. Other (Please describe) _____
Is there any other insurance on the property lost, damaged or stolen? Yes No
If so, please provide details _____

THE LOSS

What type of claim are you reporting? Theft Fire Impact Loss Other
When did the loss, damage or theft occur? Date _____ Time _____ am/pm
How did the loss, damage or theft occur? _____

Where did the loss, damage or theft occur? _____

Who discovered the loss, damage or theft? _____

Date _____ Time _____ am/pm

Were your premises broken into or damaged? Yes No

Nature of damage: _____

Is the property repairable? (if yes, attach repair quote) Yes No

Are you the sole occupier of the premises? Yes No

If not, give details of other occupants: _____

When was the property last occupied? Date _____ Time _____ am/pm

If your property was lost or stolen, when was the property last in your possession?

Date _____ Time _____ am/pm

Does the home have any of the following protection?:

Deadlocks on all external doors? Yes No

Key operated windows locks on all windows? Yes No

Professionally installed local alarm? Yes No

Professionally installed monitored alarm? Yes No

Have you reported the occurrence to the police? Yes No

Station _____ Police officer's name _____

Did police attend premises? Yes No

(All property lost or stolen must be reported to police and a copy of the report attached to your claim form.)

Have any of the items lost or stolen been recovered? Yes No

If 'yes', provide details: _____

Do you know or suspect who was responsible for the damage, theft, or loss of your property? Yes No

If 'yes', provide details: _____

Please list details of the items claimed on the attached section.

CLAIMS AND INSURANCE HISTORY

Have you previously held home and/or contents insurance? Yes No

If "Yes", please state the name of your previous home and contents Insurer _____

Expiry date of previous insurance _____/_____/_____

Do you or any joint owner, or occupier of the property to be insured hold any other insurance in respect of the property or events which are the subject of this application? Yes No

If "Yes", please state the name of the current policy in force _____

Expiry date of current policy _____/_____/_____

What sum would you value your buildings and contents at? Buildings \$_____ Contents \$_____

Have you or any joint owner of the property insured or anyone living permanently with you:

- a. been refused insurance; been declined renewal of insurance; been quoted an increased premium; or had any special terms or conditions imposed e.g. excess imposed by previous insurance company in 2001 following a claim? Yes No
If "Yes", give details _____
- b. been charged or convicted during the last five years of arson or any offence involving actual or threatened damage to property; any criminal act; fraud; theft; drugs; or dishonesty of any kind e.g. fined \$2,000 in 2001 for shop lifting? Yes No
If "Yes", give details _____
- c. suffered any loss (whether insured or not) during the past five years from any of the events against which you wish to insure e.g. glass claim approximately \$1,000 in 2002? Yes No
If "Yes", give details _____

If "Yes", list all claims that you have made in the last five years.

Date	Type of Claims/Cause	Amount	Insurer

DECLARATION:

I / We declare that the information and answers given to all questions on this Claim Form and the description of the property lost or damaged are true and correct. I / We have not withheld any information likely to affect Alpha's consideration of the claim.

Signature of Insured _____

Date _____/_____/20____

	Describe fully each lost, stolen or damaged item	Owner of the item	Name and address of person / company from whom the item was received or purchased	Month / Year received or purchased	Purchase price or valuation	Amount claimed	What documents do you have to substantiate this item e.g. receipt, photograph, valuation, etc.
1				/	\$	\$	
2				/			
3				/			
4				/			
5				/			
6				/			
7				/			
8				/			
9				/			
10				/			
11				/			
12				/			
13				/			

Total Amount Claimed
or continue listing items overleaf

\$

	Describe fully each lost, stolen or damaged item	Owner of the item	Name and address of person / company from whom the item was received or purchased	Month / Year received or purchased	Purchase price or valuation	Amount claimed	What documents do you have to substantiate this item e.g. receipt, photograph, valuation, etc.
14				/	\$	\$	
15				/			
16				/			
17				/			
18				/			
19				/			
20				/			
21				/			
22				/			
23				/			
24				/			
25				/			
26				/			
Total Amount Claimed					\$		