THE PRORISK GROUP
1300 776 467
enquiries@prorisk.com.au
www.prorisk.com.au

Small Business

Property Claim Form

EMAIL

Please send all completed claims forms to: **newclaims@prorisk.com.au**

DISCLAIMER

Please Complete:

PART A - Compulsory for all Claims
PART B - Relevant sections pertaining to your claims
PART C - Compulsory for all Claims

A COMPULSORY FOR ALL CLAIMS

THE INSURED

1. Policy Number:

2. Claim Type

Select Claim Type

3. Date and Time of Loss

4. Cause of Loss

5. Description of what happened

6. Estimated Claim Value

7. Does the business remain operational?

☐ YES ☐ NO

8. Insured Name:

9. Trading as:

a) Registered Business:

b) ABN:

c) Taxable: ____ %

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10. Nature of Business:

11. Address:

Suburb/Town: State: Postcode:

12. Contact Details:

Phone: Mobile:

Email: Website:

THE PROPERTY

1. Are you the owner of the property being claimed for? ☐ YES ☐ NO

Please provide details below

2. Was there any other insurance covering this damage current at the time of the occurence? ☐ YES ☐ NO

Please provide details below

3. Does any other party have an interest in the damaged property the subject of the claim? (e.g. Mortgegee, Finance Co) ☐ YES ☐ NO

Please provide details below

THE PREMISES

1. Address where loss or damaged occurred:

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Suburb/Town: State: Postcode:

2. Describe the premises (i.e. Factory, Warehouse, Office Block etc)

3. Are the premises tenanted? ☐ YES ☐ NO

*If **Yes,** please provide details of tenant*

4. Are you the tenant? ☐ YES ☐ NO

*If **Yes,** please provide deails of business owner*

5. Were the premises occupied at the time of the loss? ☐ YES ☐ NO

*If **No,** please provide details of when last occupied including Name, Hour, Day and Date*

INCIDENT DETAILS

1. Details of Incident:

Day Date:

Between Hours of: ☐ AM ☐ PM — ☐ AM ☐ PM

2. How did the damage / loss occur?

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3. Was another person responsible for the damage? ☐ YES ☐ NO
   *If **Yes,** enter details below*

Name

Address:

Suburb/Town: State: Postcode:

DETAILS OF PREVIOUS LOSS OR DAMAGE

1. Have you ever suffered any loss, damage, or theft at this address or elsewhere in the last 5 years? ☐ YES ☐ NO

Describe Loss, Damage or Liability	Date	Amount
		$
		$
		$
		$
		$

2. Have you made a claim on any insurer for any of the above mentioned incidents? ☐ YES ☐ NO

Provide details below

Insurer	Date	Amount
		$
		$
		$
		$
		$

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B COMPLETE RELEVANT SECTIONS PERTAINING TO YOUR CLAIM

BREAKAGE OF GLASS | PLEASE ATTACH INVOICE OR QUOTATION

1. What was broken?

2. Was the break through the entire thickness of the material? ☐ YES ☐ NO

3. Has the break been repaired? ☐ YES ☐ NO

   a) If **Yes,** have you paid the account? ☐ YES ☐ NO

4. Was there damage to window signwriting? ☐ YES ☐ NO

STORM AND WATER DAMAGE

1. Describe the damage

2. How did the Wind, Rain, or Water enter the premises?

3. Did the Storm cause this opening?

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THEFT OR BURGLARY

Please attach original purchase dockets, invoices or receipts. If you provide as much proof about owning the items it will help us to process your claim quickly

1. How were the premises entered and where was the point of entry?

2. Which parts of the premises were entered?

3. Have police recovered any property? ☐ YES ☐ NO

Please provide details

SECURITY DETAILS

1. Are any of these used to provide security to the premises?

☐	Keyed window locks on all accessible windows	☐	Grilles on all accessible windows and doors
☐	Double keyed deadlocks on all perimeter doors	☐	Perimeter Alarm
☐	Back to base (Please attach activity report)	☐	Internal Alarm
☐	Free Standing Safe	☐	Fixed Safe
☐	None		

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2. Did the device activate as a result of theft? ☐ YES ☐ NO

ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE

POLICE DETAILS

1. Have the police been notified? ☐ YES ☐ NO

Name _____ Telephone _____

Police Station _____

Crime Report Number _____

C COMPULSORY FOR ALL CLAIMS

DETAILS OF CLAIM

Please attach quotations. If insufficient space please attach list and show total amounts below

Particulars	Name of Repairer	Amount Claimed
		$
		$
		$
		$
		$
		$
		$

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LOSS OR DAMAGE TO OTHER PROPERTY

Description of Property (Include Serial Number)	Where Purchased	When Purchased	Value at time of loss	Replacement Value (Attach Quotes)
			$	$
			$	$
			$	$
			$	$
			$	$
			Total:	$

DETAILS OF CLAIM

Please ensure you include the following information during your submission:

☐	Relevant Photos	☐	Technician Report
☐	Invoices	☐	Maintenance Records
☐	Quotes	☐	Accountant Information
☐	Police Reports		

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PRIVACY DISCLAIMER

ProRisk is bound by the obligations of the Privacy Act 1988 (as amended) regarding the collection, use, disclosure and handling of personal information.

We will protect the privacy of your personal information. We collect personal information about you to enable us to provide you with relevant products and services, to assess your application for insurance and, if a contract is entered, to enable us to provide, administer, and manage your policy, and to investigate and handle any claims under your policy.

We may disclose your information to third parties (who may be located overseas), such as the insurer, lawyers, claims adjusters, and others appointed by ProRisk or by the insurer to assist us and them in providing relevant products and services.

We may also disclose your information to people listed as co-insured on your policy and to your agents. By providing your personal information to us, you consent to us making these disclosures.

If you do not provide all or part of the information required, we may not be able to provide you with our products and services, consider your application for insurance, administer your policy, assess or handle claims under your policy, or you may breach your Duty of Disclosure.

When you provide us with personal information about other individuals, we rely upon you to have made them aware of that disclosure, and of the terms of the ProRisk Privacy Statement, and to obtain their consent.

For a copy of the ProRisk Privacy Statement or to request access to or update the personal information, contact the Privacy Officer at ProRisk by email: enquiries@prorisk.com.au or by mail at the address shown on this policy.

DECLARATION

After making appropriate enquiries, I declare that:

- I am authorised on behalf of the Insured(s) to make this Declaration.
- The information in this Form is true and correct and I have not withheld any relevant information.
- I have read and understood the ProRisk Privacy Statement and I consent to ProRisk using the personal information in this Form for the purposes of investigating and handling any Claim or potential Claim against the Insured. I consent to ProRisk disclosing the personal information to third parties involved in the claims process, such as the Insurers, lawyers, claims adjusters and others appointed by ProRisk or by the Insurers.
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.

Signature: _____

Name: _____

Position: _____

Date: _____