

Business Claim Form

Policy Number	
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Claim Number	
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Please complete:

Part A – Compulsory for all Claims

Part B – Relevant sections pertaining to your claims

Part C – Compulsory for all claims

PART A – COMPULSORY FOR ALL CLAIMS													
The Insured													
Insured Name:													
Trading as:													
Tax Status	Registered Business	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ABN								Taxable	%
Nature of business													
Address:													
									State:			P/code:	
Contact Details:	Phone:						Mobile:						
	Email:						Website:						
The Property													
Are you the owner of the property being claimed for?											<input type="checkbox"/> Yes <input type="checkbox"/> No – give details		
Was there any other insurance covering this damage current at the time of the occurrence?											<input type="checkbox"/> Yes <input type="checkbox"/> No – give details		
Does any other party have an interest in the damaged property the subject of the claim? (e.g. Mortgagee, Finance Co.)											<input type="checkbox"/> Yes <input type="checkbox"/> No – give details		
The Premises													
Where did the loss or damage occur?													
Address:													
									State:			P/code:	
Describe the premises (i.e. Factory, Warehouse, Office Block etc.)													
Are the premises tenanted? <input type="checkbox"/> Yes <input type="checkbox"/> No – give details of tenant?													
Are you the tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No – give details of building owner?													
Were the Premises occupied at the time of the loss? <input type="checkbox"/> Yes <input type="checkbox"/> No – give of when last occupied													
Name						Hour		Day		Date	/ /		

Incident Details

Day and Date of Incident	/ /	Between the hours of	am / pm	am / pm
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How did the damage/loss occur?

Was another person responsible for the damage? Yes No – give details

Name			
Address			
		State:	P/code:

Details of Previous Loss Or Damage

Have you ever suffered any loss, damage or theft at this address or elsewhere in the last 5 years? Yes No – give details

Describe loss, damage or liability	Date	Amount
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$

Have you made a claim on any insurer for any of the above mentioned incidents? Yes No – give details

Insurer	Date	Amount
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$

PART B – COMPLETE RELEVANT SECTIONS PERTAINING TO YOUR CLAIM

Breakage of Glass – Please attach invoice or quotation

What was broken?

Was the break through the entire thickness of the material? Yes No

Has the break been repaired? Yes No – if yes, have you paid the account? Yes No

Was there damage to window signwriting? Yes No

Storm and Water Damage									
Describe the damage									
How did the Wind, Rain or Water enter the premises?									
Did the storm cause this opening?									
Theft or Burglary – Please attach original purchase docket, invoices or receipts. If you provide as much proof about owning the items it will help us to process your claim quickly.									
How were the premises entered and where was the point of entry?									
Which parts of the premises were entered?									
Have the police recovered any property? <input type="checkbox"/> Yes <input type="checkbox"/> No – give details									
Security Details									
Are any of these used to provide security to the premises?									
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"><input type="checkbox"/> Keyed window locks on all accessible windows</td> <td style="width: 33%; vertical-align: top;"><input type="checkbox"/> Grilles on all accessible windows and doors</td> <td style="width: 33%; vertical-align: top;"><input type="checkbox"/> Fixed Safe</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Double keyed deadlocks on all perimeter doors</td> <td style="vertical-align: top;"><input type="checkbox"/> Perimeter Alarm</td> <td style="vertical-align: top;"><input type="checkbox"/> Free standing safe</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Back to base (please attached activity report)</td> <td style="vertical-align: top;"><input type="checkbox"/> Internal Alarm</td> <td style="vertical-align: top;"><input type="checkbox"/> None</td> </tr> </table>	<input type="checkbox"/> Keyed window locks on all accessible windows	<input type="checkbox"/> Grilles on all accessible windows and doors	<input type="checkbox"/> Fixed Safe	<input type="checkbox"/> Double keyed deadlocks on all perimeter doors	<input type="checkbox"/> Perimeter Alarm	<input type="checkbox"/> Free standing safe	<input type="checkbox"/> Back to base (please attached activity report)	<input type="checkbox"/> Internal Alarm	<input type="checkbox"/> None
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<input type="checkbox"/> Double keyed deadlocks on all perimeter doors	<input type="checkbox"/> Perimeter Alarm	<input type="checkbox"/> Free standing safe							
<input type="checkbox"/> Back to base (please attached activity report)	<input type="checkbox"/> Internal Alarm	<input type="checkbox"/> None							
Did the device activate as a result of theft? <input type="checkbox"/> Yes <input type="checkbox"/> No									
ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE									

Police Details

Have the police been notified? Yes No – by whom

Name		Telephone	()
Police station		Date notified	/ /
Crime Report No.			

Please attach copy of Police Report, if available

PART C – COMPULSORY FOR ALL CLAIMS

Details of Claim – Please attach quotations. If insufficient space please attach list and show total amounts below

DAMAGE BUILDING

Particulars	Name of Repairer	Amount Claimed
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

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				\$

Privacy

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			
I declare that: <ul style="list-style-type: none"> • 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 of Insured	1.	X	Date / /
Signature of Insured	2.	X	Date / /

**PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS
 MAY DELAY YOUR CLAIM**