

THE COMPLETION OF THIS FORM AND ITS RECEIPT BY US IS NOT AN INDICATION THAT WE ACCEPT ANY LIABILITY.

PLEASE PRINT IN BLOCK LETTERS and answer all Questions  where applicable (Provide full and complete answers). If a particular question does not apply, please write "Nil" in the space provided. If the space provided below is insufficient to advise all the details, please attach a separate sheet.

THE FORM SHOULD BE COMPLETED AND RETURNED TO SGIO WITHIN 7 DAYS OF RECEIPT BY THE INSURED.

Claim No.

Policy No.

Expiry Date

 /  / 

Excess

 \$

## INSURED'S DETAILS

Name of Insured Mr  
Mrs  
Miss  
Ms \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Name of Business \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Facsimile No. \_\_\_\_\_  
 Site of Risk \_\_\_\_\_

(1) Are you registered for GST? No  Yes

(2) What is your Australian Business Number (ABN)?

(3) Are you entitled to any Input Tax Credit (ITC) if you repair or replace the property damaged? No  Yes   
 If "yes", what is your percentage entitlement? \_\_\_\_\_ %

(4) What was your 'Entitlement to an Input Tax Credit' (EITC%) on your premium payment for this policy? \_\_\_\_\_ %

## DETAILS OF CLAIM

(1) What type of claim are you reporting? Fire  Glass  Burglary, Theft, Money  Storm and Tempest

(2) Have you previously reported this claim to us? No  Yes   
 If "yes", how? \_\_\_\_\_ and when? \_\_\_\_\_

(3) Date of loss or damage \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ am/pm Amount claimed \$ \_\_\_\_\_

(4) When was it discovered? \_\_\_\_\_

(5) Where did it occur? \_\_\_\_\_

(6) Has the incident been reported to the police? No  Yes  If "yes", please advise:  
 Name of Station \_\_\_\_\_ Date reported \_\_\_\_/\_\_\_\_/\_\_\_\_ Report No. \_\_\_\_\_  
 By Whom \_\_\_\_\_

(7) Were there any witnesses to the damage? No  Yes  If "yes", please advise:  
 Name of Witness \_\_\_\_\_  
 Address \_\_\_\_\_

(8) Name and address of any person(s) responsible and their relationship to you. \_\_\_\_\_

(9) Have the repairs been carried out? No  Yes  If "yes", please advise:  
 Repairer's Name \_\_\_\_\_

(10) Has the repair account been paid? No  Yes

## GENERAL INFORMATION

(1) Was the damaged property wholly owned by you? No  Yes   
 If "no", provide details of ownership \_\_\_\_\_

(2) Is there any other insurance covering the property lost or damaged? No  Yes   
 If "yes", advise name of insurance company and policy number \_\_\_\_\_

(3) Have you ever before sustained loss which would have been recoverable under this form of insurance or under a Fire, Burglary or All Risks Insurance Policy? No  Yes   
 If "yes", give details, dates, amounts, etc. \_\_\_\_\_

## DETAILS OF LOSS OR DAMAGE

Please describe fully the extent of loss or damage:

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## DETAILS OF PROPERTY LOSS OR DAMAGE

### A. Fire Claim Only

- (1) Is there any structural damage? No  Yes
- (2) Is the property now secure? No  Yes   
 If "no", please give details \_\_\_\_\_
- (3) Have all necessary precautions been taken to avoid further loss or damage? No  Yes   
 If "yes", please give details \_\_\_\_\_
- (4) Did the Fire Brigade and/or Police attend? Fire Brigade No  Yes  Police No  Yes   
 If "yes", what is the cost? \_\_\_\_\_

### B. Glass Claim Only

- (1) Type of glass broken Window  Door  Shower Screen  Other  Give details: \_\_\_\_\_
- (2) Is signwriting reinstatement necessary? No  Yes   
 If "yes", what is the cost? \_\_\_\_\_

### C. Burglary, Theft and Money Claims Only

- (1) Were the premises broken into? No  Yes
- (2) What security was enforced at time of loss?  
 (a) Keyed window locks  Bars fitted to all external windows  Dead locks fitted to all external doors   
 (b) Burglar alarm No  Yes   
 If "yes", give details: Make/type \_\_\_\_\_  
 Local noise/light maker  Telephone dialler to monitoring company  Securitel   
 Direct private landline to monitoring company
- (3) Describe the means of entry \_\_\_\_\_
- (4) Was the property in the open air at the time of loss? No  Yes   
 If "yes", where was the property situated? \_\_\_\_\_
- (5) Was the money kept in a locked safe? No  Yes   
 If "yes", were the keys kept on the premises? \_\_\_\_\_

### D. Storm and Tempest and Rainwater Claims Only

- (1) Were immediate steps taken to prevent further damage? No  Yes
- (2) Did the damage result from one storm? No  Yes
- (3) Is the damage attributable to inadequate guttering/faulty or poor workmanship? No  Yes

## STATEMENT OF CLAIM

\* If you are registered for GST and you are making a claim for any Item(s) used for business purposes, please insert Input Tax Credit % entitlement per item

Items lost or damaged	Date of Purchase	Replacement Cost Price	Deduction for age, wear & tear	Value of salvage (if any)	Amount Claimed	*ITC %
					\$	

Total Amount of Claim

\$

WHERE POSSIBLE, PLEASE ATTACH REPAIR/REPLACEMENT INVOICES AND/OR RECEIPTS.  
 PLEASE CHECK TO ENSURE ALL RELEVANT QUESTIONS HAVE BEEN ANSWERED.

## DECLARATION

I/We declare that the said theft or loss occurred without my/our knowledge or consent.  
 I/We have not sought to benefit unjustly from this claim by fraud, wilful misrepresentation or exaggeration.  
 I/We declare that the information supplied on this claim form is true in every respect.  
 I/We consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my/our personal information to or collecting my/our personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_