



MSIG

Mitsui Sumitomo Insurance Company, Limited
ABN 49 000 525 637
AFS Licence No.240816

Property Claim

The issue of this form does not constitute and admission of liability on the part of the insurer.

Policy Number

Claim Number

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

Owners name (Block letters)	Surname	<input type="text"/>			Given name(s)	<input type="text"/>		
	Postal address	<input type="text"/>				State	<input type="text"/>	Postcode
Are you registered for GST? Yes <input type="checkbox"/> No <input type="checkbox"/>		What is your ABN?		<input type="text"/>				
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?		No <input type="checkbox"/> Yes <input type="checkbox"/>		– Will you be claiming an amount less than 100%?				
		No <input type="checkbox"/> Yes <input type="checkbox"/>		– Specify amount claimed <input type="text"/> %				
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?		No <input type="checkbox"/> Yes <input type="checkbox"/>		– Will you be claiming an amount less than 100%?				
		No <input type="checkbox"/> Yes <input type="checkbox"/>		– Specify amount claimed <input type="text"/> %				
Contact details	Business	<input type="text"/>			Private	<input type="text"/>		
	Facsimile	<input type="text"/>			Mobile	<input type="text"/>		
	Email	<input type="text"/>						
Occupation	<input type="text"/>				Date of birth	<input type="text"/>		

The property

Are you the owner of the damaged property	No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details		
<input type="text"/>			
Was there any other insurance covering this damage current at the time of the occurrence?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details		
Name of insurer	<input type="text"/>	Policy number	<input type="text"/>
Does any other party have an interest in the damaged property the subject of the claim? (e.g. Mortgage, Finance Co. leasee)	No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details		
Name	<input type="text"/>	Telephone	<input type="text"/>

The premises

Where did the damage occur?			
Address	<input type="text"/>		
<input type="text"/>	State	<input type="text"/>	Postcode <input type="text"/>
Describe the premises (i.e. Home, Flat, Boarding House, Home Unit)		<input type="text"/>	
Are the premises tenanted? No <input type="checkbox"/> Yes <input type="checkbox"/> – Who usually lives there?		<input type="text"/>	
If tenanted, are the premises let furnished?		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Were the premise occupied at the time of the loss?		No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details of when last occupied	
Name	<input type="text"/>	Hour	<input type="text"/>
	<input type="text"/>	Day	<input type="text"/>
Date	<input type="text"/>		
Was anyone other than the insured or his/her immediate family at home at the time of the loss?		No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details	
<input type="text"/>			
Is any trade, business or profession carried out at the premises?		No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details	
<input type="text"/>			
<input type="text"/>			

Incident details

Day and date of incident / / Between the hours of : am/pm : am/pm

How did the damage occur?

Was another person responsible for the damage?

No Yes – Give details

Name

Address

If the damage is the result of fire did the fire brigade attend?

No Yes

Details of previous loss or damage

Have you or anyone living permanently with you suffered any loss, damage or liability to you or your property in the last 5 years?

No Yes

Describe loss, damage or liability	Date	Amount
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>

Have you made a claim on any insurer for any of the above mentioned incidents?

No Yes – Give details

Insurer	Date	Amount
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>

Part B – Complete relevant sections pertaining to your claim

Breakage of glass, basins toilet bowls, etc – Please attach invoice or quotation

What was broken?

Was the break through the entire thickness of the material?

No Yes

Has the break been repaired?

No Yes

Have you paid the account?

No Yes

Fusion – (damage by electric current to motors)

Type of appliance to which motor part – please indicate if this appliance is built in or transportable.

How many kilowatts is the motor?

Kilowatts

How old is the appliance?

Years

Is the motor under warranty?

No Yes

Has the damaged motor been repaired?

No Yes

Is the appliance a swimming pool pump?

No Yes – Is the pool above ground

No Yes

Has the motor been previously replaced?

No Yes – How long ago?

Years

A full report from the electrical contractor who completed the repairs must accompany this form. Failure to provide this report may delay your claim.

Storm and water damage

Describe the damage

How did the wind, rain or water enter the premises?

Did the storm cause the opening?

No Yes – Give details

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 what damage was caused during the entry?

Which rooms were entered?

Have the Police recovered any property?

No Yes – Give details

Security details

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 Fixed safe

Double keyed deadlocks Perimeter alarm Free standing safe

Back to base (please attach activity report) Internal alarm None

Did the device activate as a result of theft? No Yes

Any loss involving malicious damage, lost or stolen property must be notified to the Police

Police details

Have the Police been notified?

No Yes – by whom

Name

Telephone

()

Police Station

Date notified

/ /

Crime report no.

Please attach a copy of Police report, if available.

Did the device activate as a result of theft?

No Yes

Details of claim – Please attach quotations. If sufficient space please attach list and show total amounts only below

Building

Particulars	Name of repairer	Amount claimed
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total		\$

Contents

Description of property (included serial number and attach valuations)	Where purchased (attach invoice)	When purchased	Value at time of loss	Replacement value (attach quotes)
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
Total				\$

We are not responsible for payment of invoices, however, please indicate if you request payment to any party.

Privacy

Mitsui Sumitomo Insurance co. Ltd., includes information about how we manage your personal information in our Product Disclosure Statements. You can obtain a copy of the Mitsui Sumitomo Insurance Privacy Policy from our website www.msi-oceania.com or contact the Privacy Officer on 02 9222 7600 or email msiaus@ms-ins.com.

Declaration and authorisation

The information and answers given above are true, correct and complete in every detail.

1. I/we understand the claim may be refused if information is not true or is withheld.
2. I/we authorise Mitsui Sumitomo Insurance Company Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of insured 1.	<input type="text"/>	Date	<input type="text"/>
Signature of insured 2.	<input type="text"/>	Date	<input type="text"/>

Please check that this form has been fully completed as any omissions may delay your claim.