

Please print letters clearly. Use black or blue pen.  
Place  in all applicable boxes.

## Section A - Insured details

Policy number  Name of insured

Address  Postcode

Contact name  Telephone number  Email

## Section B - Incident details

Date of loss, theft or damage  Time  am pm

Address where the loss, theft or damage occurred  Postcode

Describe what happened

Are you the only occupier of the premises? Yes No

If 'no', please provide details

Please provide the date the premises were last occupied

/   /

## Section C - Schedule

Please complete for loss of property/contents/valuables (If you need additional space, please attach a list describing each item.)

Full description of property lost or damaged	Date of purchase	Where purchased	Replacement or repair cost (inc GST)	Less input tax credit (as %)	Amount of loss or damage claimed
Total amount of loss claimed \$					

\*Less Input Tax Credit you can claim on the purchase of these items as a % of the total GST payable.

## Section D - The property

Is the property repairable? Yes No

If 'yes', please attach a quote for repairs. If 'no', please attach the original receipts, valuations, quote for replacement and a certification from an authorised repairer that the item is unrepairable.

Some of the property lost, stolen or damaged, may be covered under other policies, including health insurance. Please list any other insurance you have which might cover these items.

Name of insurer  Policy number  Type of insurance

Address  Postcode

**Section E - Police details**

Was the matter reported to the police?      Yes      No      All burglary, theft, vandalism and malicious damage claims must be reported to the police and a copy of their police report number must be provided.

Police station				Phone number	
Police report number				Date reported	
				<input type="text"/>	<input type="text"/>

**Section F - Third party details**

Do you know who is responsible for the loss, theft or damage?      Yes      No

Name	Insurance company	Policy number	Claim number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address			Postcode
<input type="text"/>			<input type="text"/>
Vehicle make/model	Vehicle registration	Mobile number	Telephone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section G - Witness details**

Were there any witnesses to the loss, theft or damage?      Yes      No

Name	Telephone number	Mobile number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Postcode	
<input type="text"/>	<input type="text"/>	

**Section H - Goods and Services Tax**

To ensure that you do not incur any unnecessary GST liabilities on your claim, please complete these details. Please note that this section must be completed in order for us to settle your claim.

Are you registered for GST?	Yes	No	ABN number	Input tax credit entitlement (%)
			<input type="text"/>	<input type="text"/>

**Section I - Nominated bank account details**

Name of financial institution	Account name
<input type="text"/>	<input type="text"/>
BSB number	Account number
<input type="text"/>	<input type="text"/>

**Section J - Duty of disclosure**

Have you had any previous losses or made any claims for loss, theft or damage with any insurer in the past 5 years, whether you claimed for them or not?      Yes      No

If 'yes', please advise what happened, including the value of the item, the date of loss, and the name of the insurer

Has any Insurer refused or cancelled cover or required special conditions to insure you?      Yes      No

If 'yes', please advise what happened

Have you been charged with, or convicted of, any criminal offence in the last 10 years?      Yes      No

If 'yes', please provide details

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

ABN 55 004 538 863 L13, 171 Collins Street, Melbourne VIC 3000 Locked Bag 32010 Melbourne VIC 3001	<b>1300 223 782</b> <b>claims@acerta.com.au</b>
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