

SSAA General Insurance Brokers.

The Precinct, Suite 14, 539 Greenhill Rd, Hazelwood Park SA 5066.

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SSAA
General
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General Claim Form

Fusion / Machinery / Glass

The supply or acceptance of this form is not an admission of liability on the part of the insurer

Our aim is to settle your claim as quickly as possible. You can help us do this by ensuring the enclosed claim form is completed promptly and that all questions are fully answered.

If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.

Your Privacy

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

- We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
- If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
- We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
- By signing this form you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above. You understand that any personal and sensitive information disclosed to organisations located overseas may not be protected in the same way as it is in Australia. Even though we have no control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above.

complaint about how your personal information is collected or used is in our Privacy Policy on our website: www.ssaib.com.au

CONTACT US

You can contact our Privacy Officer using the details below:

The Precinct
Suite 14, 539 Greenhill Road
Hazelwood Park SA 5066

Phone (08) 8332 0281
Facsimile (08) 8332 0303
insurance@ssaains.com.au

Further information about how to access the personal information we hold about you, have it updated or corrected or how to make a

1. Policy Details

Full Name(s) of Insured

Address of Insured

 Postcode
 Phone Mobile

Email

Insurer

Policy Number

Expiry Date

 / /

2. General Details of Loss / Damage

Date of loss/damage

 / /

Time of loss/damage

 am / pm

Location of loss/damage

Brief Description (including cause of loss/damage)?

Amount Claimed (as shown on "Schedule" of this form)

\$

Is any Third Party to blame for the loss/damage?

Yes **No** If "Yes", please give details:

Have you received, or do you anticipate receiving, notice of any claim from or on behalf of Third Parties?

Yes **No** If "Yes", please give details:

Give details of all witnesses, if any

Name 1

Name 2

Address

Address

Postcode

Postcode

Were the police notified?

Yes **No** If "Yes", please state:
 Date of Report / /
 Report Number
 Name of Police Station

Have you taken any action to recover or reduce your loss?

Yes **No** If "Yes", please give details:

3. Other Particulars

Name of Owner of property lost/damaged

Name of any other interested party (eg. Mortgagee, Trustee)

Details of any other insurances covering lost/damaged property

4. Complete this Section for all Claims – ABN Details

Are you a registered business?

 Yes No

What is your ABN number?

What percentage of GST in your premium did you claim as an input Tax Credit for the period of insurance in which this loss occurred?

 %

5. Declaration

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify SSAA Insurance Brokers Pty Ltd in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Full Name of Claimant(s) (please use block letters)

Signature(s)

Date

Schedule

(1) PLEASE COMPLETE FOR LOSS OF PROPERTY:

Description of property for which loss is claimed	Date of Purchase or Acquisition	Original Cost	Value at time of Loss – allowing for reasonable Depreciation	Value of Salvage (if any)	Amount of Loss or Damage Claimed	
TOTAL AMOUNT OF LOSS CLAIMED					\$	

(2) PLEASE COMPLETE FOR DAMAGE TO PROPERTY:

Particulars	Name of Repairer (Invoice / Quote attached)	Cost of Repairs	
TOTAL AMOUNT OF REPAIRS CLAIMED		\$	

(3) PLEASE COMPLETE FOR FUSION DAMAGE:

Machine / Appliance	Maker	Date of Purchase	HP of Motor	Name of Repairer (Invoice/Quote attached)	Cost Of Repairs	
TOTAL AMOUNT CLAIMED					\$	

Note: To avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable

(4) PLEASE COMPLETE FOR THIRD PARTY CLAIMS:

Details of injury or damage to third parties

a) Name

b) Address

c) Occupation

d) Nature and extent of injuries/damage

e) Has the third party any relationship to you (eg. relative, employee)?

f) Have you received any correspondence from third parties? If so, please enclose them with this form.

g) Have you made any admission of liability?
