

SSAA General Insurance Brokers.

Unit 1/212 Glen Osmond Road, Fullarton SA 5063.

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Freecall 1800 808 608 (Landline only) **www.ssaib.com.au**



SSAA
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Property Claim Form

Burglary / Theft / Fire & Perils / Transit

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.

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

Unit 1/212 Glen Osmond Road
Fullarton SA 5063

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

1. Policy Details

Full Name(s) of Insured	Address of Insured	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>	
<input type="text"/>	Phone <input type="text"/>	Mobile <input type="text"/>
Email <input type="text"/>		
Insurer <input type="text"/>	Policy Number <input type="text"/>	Expiry Date <input type="text"/> / <input type="text"/> / <input type="text"/>

2. General Details of Loss / Damage

Date of loss/damage <input type="text"/> / <input type="text"/> / <input type="text"/>	Time of loss/damage <input type="text"/> am / pm
Location of loss/damage <input type="text"/>	
<input type="text"/>	
Are you the owner of the lost/damaged property?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (If "No", please state name(s) & address(s) of all other parties & their interest in the property):
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Was the lost/damaged property:	(If "Yes" to either/both, please give details)
(i) subject to a Lease or an Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
(ii) covered under another insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
What steps have been taken to recover the lost property or minimise damage to the property?	
<input type="text"/>	
<input type="text"/>	
Describe as fully as possible the circumstances and cause of the loss/damage?	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
How was the loss/damage discovered?	
<input type="text"/>	
<input type="text"/>	

Were the Police notified? Yes No

(If "Yes", please state):

Date of Report / / Time of Report am / pm

Name of Police Station where Reported

Name of Police Officer

Police Report Number

Has any property been recovered?

Yes No (If "Yes", please give details):

Was any other party responsible for the loss/damage?

Yes No (If "Yes", please give details):

Has anyone been charged for the loss/damage?

Yes No (If "Yes", please give details):

3. Complete this Section for Personal Valuables / Burglary / Theft

How were the premises entered?

Were the premises occupied at the time of loss?

Yes No (If "No", please state): (i) date last occupied:

 / /

Yes No (ii) approx. time last occupied:

 am / pm

4. Complete this Section for Fire / Damage to Premises

Who was in the premises at the time of damage?

For what purpose?

5. Complete this Section for Transit Loss / Personal Baggage

Total value of goods carried

\$

Note: Personal baggage claims must be accompanied by the original Policy document

Name of vessel or steamer

If travelling by road/air/rail, please advise name of carrier and tour agent

6. Statement of Claim

Description of Property/Article lost, stolen, damaged or destroyed	Date of Purchase	Purchase Price (\$)	Replacement Cost (\$)	Net Amount Claimed (\$)

7. 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? %

8. 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

/ /

/ /