

SSAA General Insurance Brokers.

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

P | 08 8332 0281 **F** | 08 8332 0303 **E** | insurance@ssaains.com.au

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



SSAA
General
Insurance
Brokers

SSAA Member's Firearms Insurance Property Claim Form

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. Insured Member Details

Full Name & Address of Insured Member

Postcode

Phone

Mobile

Email

Membership Number

Expiry Date

 / /

2. Details of Loss, Theft or Damage

Date of loss, theft or damage

 / /

Approx Time

 am / pm

Describe as fully as possible the circumstances and cause of the loss, theft or damage

Location of loss, theft or damage

Who discovered the loss, theft or damage?

Name of Person

Date Discovered

 / /

Time

 am / pm

What type of shooting were you engaged in?

Recreational Shooting

Professional Shooting

Do you know who is responsible for the loss, theft or damage to your property?

Yes No

(If "Yes", please give name, address and any other information about the person(s) responsible):

Were there any witnesses to the loss, theft or damage?

Yes No

(If "Yes", please give name, address and any other information about the person(s) responsible):

Were your premises broken into?

Yes No

When were the premises last occupied?

Date

 / /

Time

 am / pm

How was entry gained (eg window broken, door forced, etc)?

Have steps been taken to improve security of your premises?

3. Police Report Details

**You must report any loss, theft or vandalism of property to the Police.
We may need to apply to the Police for a copy of this report.**

Date reported / / Time reported am / pm

Name of Police Station where Reported

Name of Police Officer

Police Report Number

4. Fire Station Report Details

You must report any loss caused by fire to the Fire Station.

Date reported / / Time reported am / pm

Name of Fire Station where Reported

Name of Fire Station Officer

Fire Station Report Number

5. Repair Details & Insurance History

Amount Claimed (as shown on schedule on final page of this form) \$

Is the property repairable?

Yes (If "Yes", please attach a quotation for repairs)

No (If "No", please attach original receipts, valuations, quote for replacement or a certification from an authorised repairer that the item is unrepairable)

Do you owe money on the property lost, stolen or damaged?

Yes **No** (If "Yes", please give lenders name, address and approximate amount owing)

Have you (the Insured Member):

(i) had any previous losses or made claims for loss, theft or damage on any insurer in the past 5 years, whether you claimed for them or not?

Yes **No**

(ii) had any insurer refused or cancelled cover or required special terms to insure you?

Yes **No**

(iii) been charged with, or convicted of, any criminal offence in the last 10 years?

Yes **No**

(If "Yes", to (i), (ii) or (iii), please give details below):

Particulars (eg Name of insurance company, details of claim / charge, etc)

Date

 / / / /

6. Payment Details

Would you like the funds deposited to your Australian Bank account by electronic transfer?

Yes **No** (If "Yes", please provide details below):

Bank Name

BSB

Account Name

Account Number

7. Declaration

The information and answers given above are a true and complete statement of the facts and matters relating to the happening for which this claim is made, and no information likely to affect this claim has been withheld. I authorise my Insurer to undertake on my behalf whatever actions are necessary to indemnify me within the terms of my policy including if necessary, removal of my firearm to alternative premises to enable repairs to be carried out by a qualified Firearm Repairer. I understand that this claim may be refused if information is untrue, inaccurate or concealed. 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)

Signature(s)

Date

/ /

/ /

Please include with the claim form the following documentation

- Photos of the damaged item (s)
 - Copy of your firearms licence
- Replacement quote for the firearm (item)
- Quote for the repairs to the damaged firearm (item)
- Proof you are the registered owner of the firearm