



Care Property

Care Providers Property Claim Form

VXL0121

Important Notices

PEN UNDERWRITING PTY LTD
ABN 89 113 929 516 AFSL 290518

Please send your completed Claim Form to

Pen Underwriting
Care Property Claims
GPO Box 541
Brisbane QLD 4001
claims.au@penunderwriting.com

PRIVACY

Pen Underwriting handles your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom, Singapore, Germany, Sweden and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit www.penunderwriting.com.au.

Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this Claim Form fully prior to answering the questions.

- Refer to the Policy Wording for details of coverage and conditions applicable to claims.
- If there is insufficient space in this Form, provide further details on your letterhead.
- Attach all relevant documentation.

1. Details of the Insured

- (a) Full Name:
- (b) Address:
- (c) Contact Person:
- (d) Telephone:
- (e) Facsimile:
- (f) Email:
- (g) Period of Insurance:
- From:at 4pm
- To:at 4pm
- (h) Policy Number:
- (i) Broker Name:
- (j) Broker Contact Person:
- (k) Telephone:
- (l) Fax:
- (m) Email:
- (n) For claim settlement purposes (in accordance with GST Legislation) please advise your:
- (i) Registered Business Name for this Policy:
- (ii) ABN Number:
- (iii) Input Tax Credit entitlement:%

2. Details of Claim

- (a) Date of Loss:
- (b) Nature of Loss (burglary, fire etc):
- (c) Address of the premises at which the loss was sustained:

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- (d) Describe how the loss occurred:
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- (e) Was another person responsible for the damage to your property? ☐ Yes ☐ No
- If **Yes**, name and address of person responsible:
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- (f) If a Burglary,
- (i) What was the method of entry?
- (ii) What damage was caused by the entry?
- (iii) Have the police been notified? ☐ Yes ☐ No
- If Yes:
- Which Police Station?
- Police Report No:

3. Details of Property Lost or Destroyed

Please attach all quotations for replacement and/or repairs, original receipts or proof of ownership documentation

Description of Property:		
Model Number:	Original Date of Purchase: ____/____/____	Where Purchased:
Original Purchase Price \$.....	Quoted Replacement Price \$.....	Quoted by:
Additional Information:		

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Model Number:	Original Date of Purchase: ____/____/____	Where Purchased:
Original Purchase Price \$.....	Quoted Replacement Price \$.....	Quoted by:
Additional Information:		

DECLARATION

I declare that:

- I have read and understood the Important Notices in this Form.
- The answers and information provided are true and correct.

Signature:.....

Date:

Full Name:.....

Title: