



Property

Hospitality 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

Property Claims

GPO Box 541

Brisbane QLD 4001

claims.au@penunderwriting.com

PRIVACY

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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. **Policy Number**

2. Insured Details

Insured named in Policy:

Occupation of Insured:

Given Name(s) of Insured:

Postal Address:

Contact Number: Business: Mobile:

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:%

3. Incident Details

Date of Event:	___/___/___	Time of Event:	___:___ AM / PM
Nature of Event: <input type="checkbox"/> Loss <input type="checkbox"/> Theft <input type="checkbox"/> Damage <input type="checkbox"/> Other:			
Please provide location of event:			
Street address:			
.....			
City/ Suburb:		State:	Postcode:
Describe what happened:			
.....			
.....			
Who discovered the loss, theft or damage?			
Do you know who is responsible for the loss, theft or damage to your property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes , please provide details			
Name:			

Address:

Were there any witnesses?

Witness Name:
Address:
Telephone:

Witness Name:
Address:
Telephone:

Witness Name:
Address:
Telephone:

Were your premises broken into? ☐ Yes ☐ No

If **Yes**, please provide the following details:

Date premises was last occupied: / / Time:..... AM/PM

How entry was gained (e.g. window broken)

4. Report Details – You must report any loss, theft or vandalism of property to the police. We may apply to the police for a copy of their report.

Name of Police Station where report was made:

Police Officers Name:

Police event Report number:

Date reported:

5. Is the property repairable? ☐ Yes ☐ No

(a) If **Yes**, please attach quote for repairs.

(b) If **No**, please attach original receipts, valuations, quotes for replacement and if possible, certification from an authorised repairer that the item is unrepairable.

6. Does any other party have a financial interest in the property lost, stolen or damaged (e.g. mortgagee or other part owner?) ☐ Yes ☐ No

If **Yes**, please advise:

(a) Lender or other part owner's name:

(b) Approximate amount owing or value of part ownership: \$.....

(c) Address of mortgagee or part owner:

7. Some of the property lost, stolen or damaged may be covered under other policies. Please list all other insurances which might cover these items.

(a) Name of Insurer:

(b) Policy Number:

(c) Type of Insurance:

(d)

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: