



Property

Property Damage Claim Form

VSLHB0121

Important Notices

Send your completed Claim Form to

Pen Underwriting

Property Claims

GPO Box 541

Brisbane QLD 4001

claims.au@penunderwriting.com

PRIVACY

Pen Underwriting and the Insurer(s) handle 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.

Policy Number

Claim Number

Expiry Date

..... / /

1. Insured Details

- (a) Insured Named in Policy:
- (b) Occupation of Insured:
- (c) Given Name(s) of Insureds:
- (d) Postal Address:
- (e) Contact Name:
- (f) Contact Number: Business: Mobile:

2. Incident Details

- (a) Address where loss, theft or damage occurred:
- (b) What date did the loss, theft or damage occur?
- (c) What time did the loss, theft or damage occur? am/pm
- (d) Please describe what happened:
.....
.....
- (e) Who discovered the loss, theft or damage?
- (f) What date was the discovery made?
- (g) What time was the discovery made? am/pm
- (h) Do you know who is responsible for the loss, theft or damage to your property? ☐ Yes ☐ No

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

Name

Address

.....
.....
.....

Please provide any further information about the person(s):

.....

.....

- (i) Were there any witnesses to the loss, theft or damage? ☐ Yes ☐ No

If **Yes**, please provide details:

Name	Address	Telephone
.....
.....
.....
.....

3. Were your premises broken into? ☐ Yes ☐ No

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

- (a) When were the premises last occupied?

Date: Time:

- (b) How was entry gained (e.g. Window broken)?

4. 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.

- (a) Name of Police Station where you reported the loss/damage:

- (b) Police Officer's name:

- (c) Police event report no:

- (d) 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, quote for replacement and if possible, a 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 (eg. 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, such as reading glasses under health insurance. Please list all other insurances which might cover these items.

- (a) Name of Insurer:

- (b) Policy Number:

- (c) Type of Insurance:

8. Have you had any previous losses or made any claims for loss, theft or damage on any insurer in the past three (3) years, whether claimed for or not? ☐ Yes ☐ No

If **Yes**:

Tell us what happened:

Value of loss: \$

Date of loss:

Name of Insurer:

9. For Claim Settlement Purposes – In accordance with GST Legislation, please advise your:

(a) Registered Business Name for this Policy:

(b) ABN Number:

(c) Percentage of the GST in your Premium for this Policy which you Claim as an Input Tax Credit for the Period of Insurance in which the loss occurred:%

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: