

### Important Notices

#### Instructions

- Please refer to the **Property Policy Wording** for details of coverage and general conditions applicable to claims.
- Please ensure that this Claim Form is completed for all Sections of the Policy which apply to your claim. Any question left unanswered or answered in an incomplete way may delay the processing of your claim.
- If there is insufficient space provided to fully answer any question, please attach an additional sheet of paper with the extra information as required.
- Please attach all supporting documentation.
- All attachments form part of this Claim Form and are subject to the Declaration.
- The acceptance of this Claim Form does not constitute an admission of liability by Us or a waiver of Our rights.

#### Privacy

Pen Underwriting and Swiss Re International SE ABN 38 138 873 211 (Swiss Re) handle your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information (including sensitive information) about you for purposes of issuing you with, and administering, this insurance product (including the handling and settlement of claims). Where possible, we will collect personal information directly from you or, where that is not reasonably practical, from other sources. We may also use your personal information for the purpose of promoting our products and services, designing or underwriting new insurance products, for research and analytical purposes, to perform administrative functions, and to comply with our legal obligations. We may disclose your personal information (including sensitive information) to third parties for the purposes described in our privacy policies, including insurers who may be located in the United Kingdom, reinsurers, reinsurance brokers, loss adjusters, external claims data collectors, investigators and others involved in the claims handling process, agents and service providers and related entities some of whom may be located in overseas countries, including Switzerland, India, United States of America and Bratislava. 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 policies. Where you provide us with personal information about others, you represent to us that you have made them aware of that disclosure and of our privacy policies 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 the Pen Underwriting and Swiss Re Privacy Policies or visit [www.penunderwriting.com.au](http://www.penunderwriting.com.au).

#### Complaints Handling

If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit [www.penunderwriting.com.au](http://www.penunderwriting.com.au).

1. Policy Number..... Expiry Date: .....

2. Claim Number: .....

**3. Insured Details**

(i) Insured Named in Policy: .....

(ii) Occupation of Insured: .....

(iii) Given Name(s) of Insureds: .....

(iv) Postal Address: .....

(v) Contact Name: .....

(vi) Contact Number: Business:..... Mobile:.....

**4. Incident Details**

(i) Address where loss, theft or damage occurred: .....

(ii) What date did the loss, theft or damage occur? .....

(iii) What time did the loss, theft or damage occur? .....am/pm

(iv) Please describe what happened: .....

.....  
 .....

(v) Who discovered the loss, theft or damage? .....

(vi) What date was the discovery made? .....

(vii) What time was the discovery made? .....am/pm

(viii) Do you know who is responsible for the loss, theft or damage to your property?  Yes or  No

If Yes, please provide the following details

<i>Name</i>	<i>Address</i>
.....	.....
.....	.....
.....	.....

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

.....  
 .....

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

If Yes, please provide details:

<i>Name</i>	<i>Address</i>	<i>Telephone</i>
.....	.....	.....
.....	.....	.....
.....	.....	.....

5. Were your premises broken into?  Yes or  No

If Yes, please provide the following details:

(i) When were the premises last occupied?

Date: ..... Time: .....

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

6. 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.
- (i) Name of Police Station where you reported the loss/damage: .....
- (ii) Police Officer's name: .....
- (iii) Police event report no: .....
- (iv) Date reported: .....
7. Is the property repairable?  Yes or  No
- (i) If Yes, please attach quote for repairs.
- (ii) If No, please attach original receipts, valuations, quote for replacement and if possible, a certification from an authorised repairer that the item is unrepairable.
8. Does any other party have a financial interest in the property lost, stolen or damaged (eg. Mortgagee or other part owner)?  Yes or  No
- If Yes, please advise:
- (i) Lender or other part owner's name: .....
- (ii) Approximate amount owing or value of part ownership: \$ .....
- (iii) Address of Mortgagee or part owner: .....
9. 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.
- (i) Name of Insurer: .....
- (ii) Policy Number: .....
- (iii) Type of Insurance: .....
10. 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 or  No
- If Yes:
- (i) Tell us what happened: .....
- (ii) Value of loss: \$ .....
- (iii) Date of loss: .....
- (iv) Name of Insurer: .....
11. **For Claim Settlement Purposes – In accordance with GST Legislation, please advise your:**
- (i) Registered Business Name for this Policy: .....
- (ii) ABN Number: .....
- (iii) 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/We declare that:

- I/We have read and understood the Important Notices on this Claim Form
- The answers and information given in this Claim Form are true and correct in all respects
- I/We have read the Pen Underwriting Privacy Statement on this Claim Form and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement

**Signature of the Insured:** ..... **Date:** .....

**Name:**..... **Title:** .....