

Property Hospitality Claim Form



IMPORTANT NOTICES

Send your completed claim form:

Hospitality Property Claims
GPO Box 4431
Sydney NSW 2001

Email: HPclaims@penunderwriting.com

Privacy

Pen Underwriting and the Insurer (referred to together in this Privacy Statement as 'We, Our, Us') 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 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.

Complaints Handling

Any enquiry or complaint relating to this insurance should be referred to Pen Underwriting in the first instance. 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.

If Pen Underwriting are unable to resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should write to:

Lloyd's Australia Limited
Level 9, 1 O'Connell St
Sydney NSW 2000
Telephone: (02) 8298 0783
Facsimile: (02) 8298 0788
Email: ldraustralia@lloyds.com

If your dispute remains unresolved you may be referred to the Financial Ombudsman Service Limited under the terms of the General Insurance Code of Practice. For other disputes you will be referred to other proceedings for resolution. Details are available from Lloyd's Underwriters' General Representative in Australia at the address above. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit www.penunderwriting.com.au

Pen Underwriting Pty Ltd ABN 89 113 929 516 AFSL 290518
www.penunderwriting.com.au

Sydney
Brisbane
Melbourne

Suite 1105, Level 11, 99 York Street, Sydney NSW 2000
Level 9, 60 Edward Street, Brisbane QLD 4000 Level 3, 333
Collins Street, Melbourne VIC 3000

02 9323 5000
07 3056 1400
03 9810 0600

Property Hospitality Claim Form



INSTRUCTIONS

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

- Please refer to the 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 incomplete may delay the processing of your claim.
- If there is insufficient space provided to fully answer any question, please attach additional pages with the 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.

Policy Number:

1. Insured Details

Insured named in Policy:

Occupation of Insured:

Given Name(s) of Insured:

Postal Address:

Contact Number: *Business:*..... *Mobile:*

2. 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:			

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Were there any witnesses?

Yes No

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)

3. 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:.....

4. Is the property repairable? Yes No

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

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

5. 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:

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

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

(iii) Address of mortgagee or part owner:

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

(i) Name of Insurer:

(ii) Policy Number:

(iii) Type of Insurance:

7. For claim settlement purposes in accordance with GST legislation, please advise your:

(i) Registered Business Name for this Policy:

(ii) ABN:

(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 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 Privacy Statement

Signature:

Date:

Full Name:

Title: