

# Care Providers Property Claim Form



## IMPORTANT NOTICES

### Send your completed Claim Form to

Pen Underwriting  
Care Claims  
PO Box 230  
Collins Street West  
Melbourne VIC 8007

PenCareProperty@penunderwriting.com

### Privacy

The Insurer and Pen Underwriting (referred to together in this Statement as 'we, our, us') are committed to safeguarding and protecting your privacy. We are bound by the provisions of the Privacy Act 1988 (Cth) which sets out the standards to meet in the collection, use and disclosure of personal information. We will only collect personal information from you to allow us to quote on and insure your risks and matters incidental thereto, including investigating, processing and managing claims.

We may provide your personal information to others, such as our related bodies corporate, other insurers or our reinsurers, claims investigators, lawyers and other professionals, and government bodies. Some of these recipients may be outside of Australia, such as the United Kingdom, India, Poland and the United States. Any disclosure outside Australia will be in compliance with the Privacy Act. We will not under any circumstances trade, rent or sell your information.

If you do not provide us with complete, accurate and up-to-date information, we cannot properly quote for your insurance and we cannot insure you. If you provide us with personal information about anyone else, we will rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

If you wish to access or correct your personal information, or wish to raise any concerns as to how we handle your personal information, please write to:

The Privacy Officer  
XL Insurance Company SE, Australia Branch  
Level 28, 123 Pitt Street  
Sydney NSW 2000  
privacyaustralia@axaxl.com

### 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. 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)

### General Insurance Code of Practice

The Insurer supports and has adopted the General Insurance Code of Practice. The Code aims to:

- Promote more informed relations between insurers and their customers;
- Improve customer confidence in the general insurance industry;
- Provide better mechanisms for the resolution of complaints and disputes between insurers and their customers; and
- Commit insurers and the professionals they rely upon to higher standards of customer service.

The Code confirms details of the policies specifically covered by the Code and it may be that your policy is an excluded policy and therefore outside the requirements of the Code.

Pen Underwriting Pty Ltd ABN 89 113 929 516 AFSL 290518  
[www.penunderwriting.com.au](http://www.penunderwriting.com.au)

Sydney  
Brisbane  
Melbourne

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

# Care Providers Property Claim Form



## Instructions

- All questions must be answered in full. If there is insufficient space, please provide further details on your letterhead.
- Please attach all relevant documentation and correspondence.
- This form is to be completed and signed by the Chairman, Managing Director, Director or Chief Executive Officer of the Insured.
- The issue and acceptance of this Claim Form does not constitute an admission of liability by the Insurer(s) or a waiver of their rights.

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## 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: ..... %

# Care Providers Property Claim Form



## 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: .....  
.....  
.....

(d) Describe how the loss occurred: .....  
.....  
.....  
.....

(e) Was another person responsible for the damage to your property?  Yes  No

If **Yes**, name and address of person responsible: .....  
.....

(f) If a Burglary,

(a) What was the method of entry? .....

(b) What damage was caused by the entry? .....

(c) Have the police been notified?  Yes  No

**If Yes:**

Which Police Station? .....

Police Report No: .....

# Care Providers Property Claim Form



### 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: _____		

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

# Care Providers Property Claim Form



## Declaration

### I declare that:

- I am authorised on behalf of the Insured(s) to make this Declaration
- I have read and understood the Important Notices on this Claim Form
- The answers and information given in this Claim Form are true and accurate and I have not withheld any significant information
- I 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 have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement

Signature:.....

Date:.....

Full Name:.....

Title: .....