

Property Claim Form

The supply or acceptance of this form is not an admission of liability on the part of Allianz.

* Denotes required field

Policy Details

Policy holder Details

Policy Number * _____ (example: 12-3456789-CMP)

Title * _____ First name * _____ Last Name * _____

Company name _____

Unit Number _____ Street Number _____ Street Name * _____

Suburb * _____ State * _____ Postcode * _____

Is your postal address the same as your insured property address? * Yes No

What is your preferred method of contact? * _____

Email address * _____ Phone Number * _____ (include area code)

Alternative phone number _____ (include area code)

Are you registered for GST? * Yes No

If yes:

Australian Business Number (ABN) * _____

To what extent are you entitled to claim an input tax credit on the GST for this policy? * _____

EFT Details

Account name _____

BSB _____ Account Number _____

Incident Details

Date the incident occurred * ____ / ____ / ____ (dd/mm/yyyy) Approximately what time did the incident occur? * ____ : ____ AM / PM

What type of claim are you making? * _____

Please tell us what happened providing as much details as possible *

Did the incident occur at the insured property address? Yes No

Unit Number _____ Street Number * _____ Street Name * _____

Suburb * _____ State * _____ Postcode * _____

Your details

Are you our Policy holder?

Yes

Title * _____ First Name * _____ Last Name * _____

Email address * _____ Phone number * _____ (include area code)

No

What is your relationship to our Policy holder? * _____

Title * _____ First Name * _____ Last Name * _____

Brokerage Name _____ Brokerage Phone Number _____

What is your preferred method of contact? * _____

Email address * _____ Phone Number * _____ (include area code)

If you are the Broker or Authorised Representative, would you like us to send automatic claim notifications to the Policy holder? *

Yes No

If you have selected Other, why are you and not our Policy holder reporting the claim? *

Were there any witnesses to the incident? * Yes No

Witness 1

Title * _____ First name * _____ Last name * _____

Unit number _____ Street number _____ Street name * _____

Suburb * _____ State * _____ Postcode* _____

Phone Number * _____ (include area code) Email * _____

Witness 2

Title * _____ First name * _____ Last name * _____

Unit number _____ Street Number _____ Street name * _____

Suburb * _____ State * _____ Postcode * _____

Phone Number * _____ (include area code) Email * _____

Has a police report been made? * Yes No

Police report details

Police report number _____ Date reported to police ____/____/____ (dd/mm/yyyy)

Damage Details

Does the claim include damage to your building? * Yes No

Building Damage Details

If yes, select the damage area(s) from the list

Bathroom - Number of room(s) _____
 Bedroom - Number of room(s) _____
 Dining room
 Fence
 Garage / Shed
 Kitchen
 Laundry
 Lounge / family room – Number of room(s) _____
 Roof
 Swimming Pool
 Toilet
 Entire property
 Other _____

Select the area(s) that have been damaged and provide specific details of the damage, including the rooms and type of damage sustained

Selected area(s)	Selected area description
<input type="checkbox"/> Carpet	_____
<input type="checkbox"/> Ceiling	_____
<input type="checkbox"/> Floor	_____
<input type="checkbox"/> Wall	_____
<input type="checkbox"/> Windows	_____
<input type="checkbox"/> Other	_____

Is the property now secure? * Yes No Have you had any damage to the building repaired? * Yes No

Is the property habitable? * Yes No

Does the claim include damage, loss or theft of your contents? * Yes No

Damaged, lost or stolen contents details

If yes, select the contents items(s) that have been damaged, lost or stolen and provide details of the item. Please provide a description of each item including the age, size, when and where purchased)

Selected Item(s)	Selected item description	Estimated replacement value
<input type="checkbox"/> Appliances	_____	\$ _____
<input type="checkbox"/> Bicycles	_____	\$ _____
<input type="checkbox"/> Carpets	_____	\$ _____
<input type="checkbox"/> Cash	_____	\$ _____
<input type="checkbox"/> Clothing / personal items	_____	\$ _____
<input type="checkbox"/> Computers	_____	\$ _____
<input type="checkbox"/> Curtains / blinds	_____	\$ _____
<input type="checkbox"/> Electronics	_____	\$ _____
<input type="checkbox"/> Furniture	_____	\$ _____
<input type="checkbox"/> Jewellery	_____	\$ _____
<input type="checkbox"/> Mobile devices	_____	\$ _____
<input type="checkbox"/> Outdoor furniture	_____	\$ _____
<input type="checkbox"/> Sporting equipment	_____	\$ _____
<input type="checkbox"/> Tools	_____	\$ _____
<input type="checkbox"/> Other *	_____	\$ _____
Total estimated replacement value		\$ _____

Other persons

Was another person responsible for the damage, loss or theft? * Yes No

If yes, please complete the details of this person if you have them available

Other person 1

Title _____ First name _____ Last Name _____

Company Name _____

Unit number _____ Street number _____ Street Name _____

Suburb _____ State _____ Postcode _____

Phone Number _____ (include area code) Email _____

Other person's insurance company _____ Other person's insurance policy number _____

Other person's insurance claim number _____ Other person's licence number _____

Other person's vehicle details

Vehicle registration number _____

Other person 2

Title _____ First name _____ Last Name _____
Company Name _____
Unit number _____ Street number _____ Street name _____
Suburb _____ State _____ Postcode _____
Phone Number _____ (include area code) Email _____
Other person's insurance company _____ Other person's insurance policy number _____
Other person's insurance claim number _____ Other person's licence number _____

Other person's vehicle details

Vehicle registration number _____

Disclosure

In the past 5 years, has the Policy holder:

Been convicted of, or had any fines or penalties imposed, for any crime? * Yes No

Had an insurance policy declined or cancelled or had any conditions imposed on an insurance policy? * Yes No

Privacy

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be used to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers, or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at www.allianz.com.au or contact us on 1300 360 529 EST 9am-5pm, Monday-Friday.

Telephone Call Recording

We may record incoming and/or outgoing telephone calls for training or verification purposes. Where we have recorded a telephone call, we can provide you with a copy at your request, where it is reasonable to do so.

Declaration

I certify that:

1. I am authorised to submit this claim as:
 - the insured person,
 - a broker who has been appointed as the agent of the insured person,
 - an authorised representative of the insured person or an insured company, or
 - a nominated driver on a policy;
2. I am authorised to provide this information to you for the purpose of making this claim; and
3. To the best of my knowledge, the information given in this form is truthful, accurate and complete. I understand that this claim may be refused if the information I have provided is untrue, inaccurate or incomplete

Signature of Insured _____

Date ____ / ____ / ____

Position held _____