BURGLARY / THEFT/ MONEY CLAIM FORM

***(If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete).***

**YOUR PRIVACY**

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

* We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
* If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
* We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
* Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, information about where the insurer is located is set out in your Policy Schedule and Product Disclosure Statement.
* By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above. You understand that any personal and sensitive information disclosed to organisations located overseas may not be protected in the same way as it is in Australia. Even though we have no control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above.

Further information about how to access the personal information we hold about, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website: www.wgib.com.au

**Contact Us**

You can contact our Privacy Officer using the details below:

Privacy Officer: Westcourt General Insurance Brokers

Address: Level 1, 45 Royal Street, East Perth WA 6004

E-mail: info@wgib.com.au

Telephone: 08 9223 8822

Fax: 08 9221 8274

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

|  |  |
| --- | --- |
| Full Name |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Address |       | Post Code |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Email Address |       | Mobile |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Work Phone |       | Home Ph. |       | Email |       |

|  |  |
| --- | --- |
| Occupation/Bus/Industry/Trade |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Name any other interested party |       | How interested |        |

|  |  |
| --- | --- |
| Address |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Policy Number |       | Due Date |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is there any other Insurance in force which would cover this in whole or part | Yes |   | No |   |

If Yes, please advise in the space provided

|  |
| --- |
|       |

|  |  |
| --- | --- |
| Insurer’s Name |       |

|  |  |
| --- | --- |
| Policy Details |       |

|  |  |
| --- | --- |
| What is your Australian Business Number (ABN)?  |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you registered for GST? | Yes |   | No |   |

|  |  |
| --- | --- |
| To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium? |    % |

# Details of Loss Damage Or Occurrence

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Loss / Damage / or Occurrence |       | Time |       AM/PM |

|  |  |  |  |
| --- | --- | --- | --- |
| When was it reported to you (if applicable)? |       | Time |       AM/PM |

|  |  |
| --- | --- |
| Place and/or premises where it occurred |       |

Please state full details of how loss/damage/or accident occurred

|  |
| --- |
|       |

Please describe nature of damage or injury

|  |
| --- |
|       |

Where was entry gained into the premises?

|  |
| --- |
|       |

How was entry gained into the premises?

|  |
| --- |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are there any signs of forced entry? | Yes |   | No |   |

If YES give details

|  |
| --- |
|       |

When were the Police notified?

|  |  |
| --- | --- |
| **a)** Time |       AM/PM |

|  |  |
| --- | --- |
| **b)** Police station |       |

|  |  |
| --- | --- |
| **c)** Officers name |       |

|  |  |
| --- | --- |
| **d)** Police Report No. |       |

When was the property last seen by you?

|  |
| --- |
|       |

At the time of the loss, how long had the premises been unoccupied?

|  |
| --- |
|       |

For money losses - where on premises, was the money taken?

|  |
| --- |
|       |

# Responsibility/Witnesses

In your opinion was any other person(s) responsible for loss or damage

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| or cause of the Occurrence? If YES, please give full details. | Yes |   | No |   |

|  |  |
| --- | --- |
| Full Name |       |

|  |  |
| --- | --- |
| Address |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bus Phone |       | Private Phone |       | Fax No. |       |

Reasons

|  |
| --- |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Was there a witness or witnesses to this event? | Yes |   | No |   |

If YES, please give full details

|  |
| --- |
|       |

|  |  |
| --- | --- |
| Name of Witnesses |       |

|  |  |
| --- | --- |
| Address |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bus Phone |       | Private Phone |       | Fax No. |       |

# Description of property loss or damage

|  |  |  |
| --- | --- | --- |
|  | Sum | To assist in assessing the loss the following information is requested. |
| Description | Claimed $ | Date of Purchase | From whom purchased | PurchasePrice $ | ReplaceValue $ | **\***Input TaxCredit % |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| Total amount claimed |       | **\***Please show the Input Tax Credit you are entitled to claim on thepurchase of each item, as a percentage of the total GST payable. |

**Insurance History**

Have you ever previously sustained loss/damage or caused damage

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| or injury to 3rd parties? | Yes |   | No |   |

If YES, give details of such losses and amounts involved.

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|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Was an Insurance Company involved? | Yes |   | No |   |

If YES, please state name of company and year of claim

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| --- |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you been convicted of or had any fines or penalties imposed for any  | Yes |   | No |   |

criminal offences in the last 10 years? If YES, please provide details

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|       |

**Declaration**

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.

I/We expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify INSERT WGIB AR/CAR NAME ,authorised representative of Westcourt General Insurance Brokers, in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth).

I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed “Your Privacy”.

Date:      /     / 20

Full Name of Claimant(s):

Signature(s):