

1. Details of Policyholder

| | | |
|-----------|---------------------|-----------------|
| Full Name | Occupation or Trade | |
| Address | Telephone (A/H) | Telephone (B/H) |
| | | |
| | Email Address | |
| | | |

| | | |
|-----------------|---------------|-------------|
| Insurer | Policy Number | Sum Insured |
| | | \$ |
| Account Manager | Expiry Date | Client Code |

2. General Details of Loss/Damage

Location of loss/damage

Date of loss/damage Approx time of loss/damage

Are you the owner of the lost/damaged property?

Yes

No

If No, please state name(s) and address(s) of all other parties and their interest in the property:

Was the lost/damaged property:

i. subject to a Lease or an Agreement?

Yes

No

If yes to either/both, please give details

ii. covered under another insurance policy?

Yes

No

What steps have been taken to recover the lost property or minimise damage to the property?

Describe as fully as possible the circumstances and cause of the loss/ damage.

How was the loss/damage discovered?

Were the Police notified?

Yes

No

If Yes, please state:

Date reported to Police

Approximate time of report

Name of Police Station

Name of Officer

Report Number

Has any property been recovered?

Yes

No

If Yes, please give details:

Was any other party responsible for the loss/damage?

Yes

No

If Yes, please give details:

Has anyone been charged for the loss/damage?

Yes

No

If Yes, please give details:

3. Complete This Section For Personal Valuables / Burglary / Theft

How was the premises entered?

Were the premises occupied at the time of loss?

Yes

No

If No, please state:

(i) date last occupied

(ii) approx. time last occupied

4. Complete This Section For Fire / Damage To Premises

Who was in the premises at the time of damage?

For what purpose?

5. Complete This Section For Transit Loss / Personal Baggage

Total value of goods carried

\$

Name of vessel or steamer

If travelling by road/air/rail, please advise name of carrier and tour agent

6. Statement of Claim

Description of Property /Article lost, stolen, damaged or destroyed

Date of Purchase

Purchase Price

Replacement Cost

Net Amount Claimed

| Description of Property /Article lost, stolen, damaged or destroyed | Date of Purchase | Purchase Price | Replacement Cost | Net Amount Claimed |
|---|------------------|----------------|------------------|--------------------|
| | | | | |
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7. ABN Details - Complete for ALL claims

Are you a registered business?

Yes

No

What is your ABN number?

What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?

In the past 5 years, has the Policyholder:

i. been convicted of, or had any fines or penalties imposed for any crime?

Yes

No

ii. had an insurance policy declined, cancelled or conditions imposed?

Yes

No

8. 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 expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify BFrank Insurance 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".

Claimant 1 Full Name (Please use block letters)

Claimant 2 Full Name (Please use block letters)

Claimant 1 Signature

Claimant 2 Signature

Date

Date

This electronic signature will be treated the same as if signed personally (tick to sign)

9. Bank Details

BSB Number

Account Number

Account Name

Schedule

(1) PLEASE COMPLETE FOR **LOSS** OF PROPERTY:

| Description of property for which loss is claimed | Date of Purchase or Acquisition | Original Cost | Value at time of Loss - allowing for reasonable Depreciation | Value of Salvage (if any) | Amount of Loss Claimed |
|---|---------------------------------|---------------|--|---------------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL AMOUNT CLAIMED | | | | | \$ |

(2) PLEASE COMPLETE FOR **DAMAGE** TO PROPERTY:

| Particulars | Name of Repairer (Invoice/Quote) | Amount of Damage Claimed |
|-----------------------------|----------------------------------|--------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL AMOUNT CLAIMED | | \$ |

(3) PLEASE COMPLETE FOR **FUSION** DAMAGE:

| Machine/ Appliance | Maker/ Age of Motor | Date of Purchase | H.P. of Motor | Name of Repairer (Invoice/Quote) | Cost of Repairs |
|-----------------------------|---------------------|------------------|---------------|----------------------------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL AMOUNT CLAIMED | | | | | \$ |

Note: To avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable

(4) PLEASE COMPLETE FOR **THIRD PARTY** CLAIMS:

Details of injury or damage to third parties

- a) Name
- b) Address
- c) Occupation
- d) Nature and extent of injuries/damage
- e) Has the third party any relationship to you (eg. relative, employee)? Yes No
- g) Have you received any correspondence from third parties? If so, please enclose them with this form. Yes No
- g) Have you made any admission of liability? Yes No