Property Insurance

Claim Report





Please retain this page for your information

About your claim

- Most policies allow for replacement of property with the nearest equivalent available or a cash settlement. Valuation figures
 and sums insured for jewellery and some other items are not agreed cash settlement amounts. They are maximum limits
 on the amount which may be claimed. Claims for jewellery and some other items are usually settled by replacement.
 We will advise you how we will settle your claim.
- We will contact you as quickly as possible about your claim.
- For many claims we will check the circumstances and damage before we authorise and pay for repairs.
- We may appoint a loss adjuster or investigator or contact you for more information.
- Please ensure you answer the GST questions at Q. 3 & Q. 14.

Do not authorise repairs yourself

- If possible, retain any damaged items, as we may need to inspect them before settling your claim.
- Please attach an original quotation for repair or replacement of items. Quotations for replacement must be for property
 of equivalent style and quality to that which was lost or damaged or stolen.
- If possible, please attach proof of purchase, if items are no longer available for inspection.
- Please refer to your policy booklet for more information about how your claim will be handled.
- If you have any questions about your claim, please contact your CGU Insurance office.
 CGU Insurance on 13 24 80 (13 CGU 0).

How you can resolve a dispute with us

Our dispute resolution system is free and works like this:

- 1. Please advise the staff at your CGU Insurance office on 13 24 80 if you are dissatisfied with:
 - · our decision on your claim,
 - · our handling of your claim,
 - the services of our loss adjuster or investigator.
- 2. The staff member will try to resolve the problem.
- 3. If unable to resolve it, the staff member will refer it to the supervisor or manager for attention. A decision concerning your complaint will be made within 15 business days of receipt.
- 4. If this fails to resolve your problem, you may request that the problem be referred to our internal dispute resolution staff. They will investigate the dispute and try to reach a satisfactory outcome with you, normally within 15 business days of the date you requested a referral.
- 5. If you do not accept our decision, you may take the problem to the Financial Ombudsman Service (FOS), for an independent investigation. The FOS can assist with private consumer and some small business type claims.

The telephone number for the Financial Ombudsman Service is 1300 780 808.

More detailed information about this process is available from your CGU Insurance office.

Property Insurance Claim Report

For loss, theft, fire, glass, impact and other damage claims

This form is for making claims for lost, stolen or damaged property. If your claim is for a motor vehicle, personal injury or illness or machinery, or if it is a claim on a travel policy, you need a different form.

Ask our agent, your broker or your CGU Insurance office for the right one.

Please answer all questions. This will help us process your claim quickly.

If you need more space to answer any of the questions, please use a separate sheet of paper. Any attachments will form part of this claim report and the declaration will include them.

1.	Policy no. (from you	ur schedule)		Expiry date											
	: : : :	: : : :	:	/ /											
2.	Insured (surname, o	company or par	tnership)												
	Given name(s) of in	sured		C	Contact pers	on (for cor	npany or partnership cla	ims)							
	Occupation														
3.	Are you registered t	for GST purpos	es?												
	No Yes	What is your Al	BN?	: : : :	: : :	: :									
	Have you claimed o	-			on the GST										
	No Yes Is the amount claimed or intended to be claimed less than 100% of the GST Yes Specify the percentage amount claimed or														
1	Address	applicable to the	ne premium?)			intended to be claimed								
٦.	Address							Postcode							
5.	Private telephone n	10.	Business	telephone no.	F	Facsimile r	10.								
	()		()			()									
6.	When did the loss,	theft or damage	e happen? a.m.												
	/ /		p.m.												
7.	Please describe wh	nat happened.													

8.	Address where lo	oss, th	eft or damage happened												
				Postcode											
	Are you the only occupier of your premises?														
	Yes No	Ple	ease give details												
9. '	Who discovered t	the los	ss, theft or damage?												
0.	Name of person		oo, there of damage.		Dat	e disc	covered	Time	a.m.						
						/	/		p.m.						
10	Do you know who	o is ro	sponsible for the loss or theft of, o	r damage to your property?											
	No Yes		Name(s), address(es) and any othe		s) re	spons	sible								
				·	, ,	·									
11.	Were there any w	vitness	ses to the loss, theft or damage?												
	No Yes	N	Name of witness			Telep	hone no.								
						()								
		A	Address												
								Postcode							
		N	lame of witness			Telep	hone no.								
						()								
		А	Address												
								Postcode							
40															
12.	Were your premis		roken into ? Vhen were the premises last occup	aied?											
	No Yes		Date Time	a.m.											
			/ /	p.m.											
		V	Vere the premises securely locked												
			•												
		Н	How was entry gained (e.g. window	broken, door forced)?											
				·											
		Н	lave steps been taken to improve t	he security of your premises?											
			·												
			You must report any loss, the	ft or vandalism of property to the police for a copy of this			ce.								
			We may need to apply to	the police for a copy of this	Герс	,ı t.									
13	Name of police st	tation	where you reported it	Name of police officer											
10.	rtaine or penee of	ration	whole year operiod it	rame of police efficient											
	Police offence re	oport	no	Date reported											
	Police offerice re	eport	IIO.												
				/ /											
			You must report any le	oss caused by fire to the brig	ade										
	Name of fire stat	tion w	here you reported it	Date reported											

14. Please list the details of your lost, stolen or damaged property.

Only complete this column if the items being claimed for are used in connection with your GST registered business.

Description of items

t p													
Amount claimed \$													↔
Input tax credit you can claim on the repair or replacement of these items as a % of the total GST payable.													Total
Purchase price \$													ۓ
Month/Year received or purchased													cribing each item
Name and address of person/company from whom the item was received or purchased, if known													If you need additional space, please attach a list describing each item.
Owner of the item													If you
Describe fully each item lost, stolen or damaged													
Item No.													

After completing 'Description of items' please continue on the next page.

15. Is the p	roperty	repair	able?						
	Yes		Attach a quote for the repairs.						
	No		Attach original receipts, valuati the item is unrepairable.	ons, quote for rep	olacement c	or a certif	ication	from an authorised repairer that	ıt
16. Do you	owe mo	ney o	n the property lost, stolen or da	ımaged?					
No	Yes		Lender's name					Approx. amount owing	
								\$	
			Address						
								Postcode	
			/ lost, stolen or damaged may b insurance you have which migh			es, includ	ding he	alth insurance.	
Name o	of the in	surer			Policy no.			Type of insurance	
Addres	SS								
								Postcode	
18. Have vo	ou had a	nv pre	evious losses or made any claim	s for loss, theft o	r damage o	n anv ins	urer in	the past five years, whether vo	u
claimed				ŕ	J	Í		, , ,	
No	Yes		Tell us what happened	Value		Date of	loss	Insurer	
				\$		/	/		
				\$		/	/		
				\$		/			
				\$,			
							/		
				\$		/	/		
				\$		/	/		
				\$		/	/		
	/ insurer		ed or cancelled cover or require	ed special terms t	o insure you	u?			
No	Yes		Tell us what happened						
20. Have yo	ou been	charg	ed with, or convicted of, any cri	minal offence in t	he last 10 y	ears?			
No	Yes		State details						

Declaration

Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information

I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance Limited in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this claim.

Signature of insured or person with authority to sign for and on behalf of a company or partnership	Date
	/ /

Please indicate the number of additional pages attached to this claim report

Contact details

CGU Insurance GPO Box 2852 Melbourne VIC 3001

13 24 80 (13 CGU 0)

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cgu.com.au

