# Property Insurance

**Claim Form**

**Insured’s Details**

Name of the Insured:

Trading Name of Business:

Contact Name:

Address:

Telephone Number:       Mobile Number:

Email Address:

Policy Number:

**Claim Details**

Date of Incident:       Time:       [ ]  am [ ]  pm

Date you first became aware of the Incident:

Address of Incident:

Please describe the circumstances of the loss as fully as possible:

|  |  |  |
| --- | --- | --- |
| Do you consider any other party responsible for the Incident? | Yes [ ]  | No [ ]  |
| **If yes**, please give details below, including contact details:         |

|  |  |  |
| --- | --- | --- |
| Are you the sole owner of the property lost or damaged? | No [ ]  | Yes [ ]  |
| **If no**, please give full details of the owners or part owners of the property:         |

|  |  |  |
| --- | --- | --- |
| Do you hold any other insurance under which a claim for this Incident may be made? | Yes [ ]  | No [ ]  |
| **If yes**, please give full details:         |

|  |  |  |
| --- | --- | --- |
| If a crime is suspected, have the police been informed of the Incident? | Yes [ ]  | No [ ]  |
| **If yes**, please give details:Police Station reported to:       Report No:       (Please attach police complaint acknowledgement form for all cases of theft or loss.) |
| If no, please give reason:          |

|  |  |  |
| --- | --- | --- |
| Have you taken any other steps to recover the property? | Yes [ ]  | No [ ]  |
| **If yes**, please give details:         |

|  |  |  |
| --- | --- | --- |
| Have you previously (in the past three years) made a claim against any insurance company? | Yes [ ]  | No [ ]  |
| **If yes**, please give details of each loss and the amount claimed:       $              $        |

In the table below, please list all items that have been lost or damaged (including your stock number where appropriate), and the amount claimed.

Please attach copies of receipts, entries from your stock books and records or other documents to establish evidence of ownership and the value of each item.

Please attach photographs of the items if available.

|  |  |  |
| --- | --- | --- |
| **Description of Item** | **Stock Number** | **Amount Claimed** |
|       |       | $       |
|       |       | $       |
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|       |       | $       |

**Declaration *Please read carefully before signing***

I/we declare that all the particulars stated above and statements made in support thereof are **true and correct**, that no information relevant to this claim has been withheld, that no other person(s) have an interest of any kind in the said property and that all conditions and stipulations of the policy have been complied with.

I/we hereby claim from the underwriters in respect of the loss, damage or accident described above and declare that the amount claimed is based on a true value at the time of the loss.

I/we understand that the underwriters or their representatives may make further investigations in respect of this claim and that I/we may be required to submit further information and/or documentation in the furtherance of our claim.

Signed: Dated:

By:

Position:

Please return your completed claim form to your broker or:

Keystone Underwriting Australia Pty Ltd

18/296 Bay Road

Cheltenham, VIC 3192

Phone: 1300 946 530

Email claims@ksua.com.au

Keystone Underwriting Australia Pty Ltd is not an insurer under your policy. The insurer(s) are those underwriters shown under “Security” in your schedule. Please note that, in accepting this claim form, Keystone Underwriting Australia Pty Ltd is acting as an agent of the insurer(s) and not as your agent.