

8. Address where loss, theft or damage happened

Postcode

Are you the only occupier of your premises?

No Yes If No, give details

9. Who discovered the loss, theft or damage?

Name of person

Date discovered Time a.m.

/ /

pm.

10. Do you know who is responsible for the loss or theft of, or damage to your property?

No Yes Name(s), address(es) and any other information about the person(s) responsible

11. Were there any witnesses to the loss, theft or damage?

No Yes

Name of witness

Telephone no.

()

Address

_____ Postcode

Name of witness

Telephone no.

()

Address

_____ Postcode

12. Were your premises broken into?

No Yes

When were the premises last occupied?

Date Time a.m.

/ /

pm.

Were the premises securely locked?

How was entry gained (e.g. window broken, door forced)?

Have steps been taken to improve the security of your premises?

**You must report any loss, theft or vandalism of property to the police.
We may need to apply to the police for a copy of this report.**

13. Name of police station where you reported it

Name of police officer

Police offence report no.

Date reported

/ /

You must report any loss caused by fire to the brigade.

Name of fire station where you reported it

Date reported

/ /

15. Is the property repairable?

Yes Attach a quote for the repairs.

No Attach original receipts, valuations, quote for replacement or a certification from an authorised repairer that the item is unrepairable.

16. Do you owe money on the property lost, stolen or damaged?

No Yes Lender's name Approx. amount owing
 \$
Address
 Postcode

17. Some of the property lost, stolen or damaged may be covered under other policies, including health insurance. Please list any other insurance you have which might cover these items.

| Name of the insurer | Policy no. | Type of insurance |
|-------------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | | |
| <input type="text"/> Postcode | | |

18. Have you had any previous losses or made any claims for loss, theft or damage on any insurer in the past five years, whether you claimed for them or not?

| No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us what happened | Value | Date of loss | Insurer |
|--|-------------------------|--------------|----------------------|
| <input type="text"/> | \$ <input type="text"/> | / / | <input type="text"/> |
| <input type="text"/> | \$ <input type="text"/> | / / | <input type="text"/> |
| <input type="text"/> | \$ <input type="text"/> | / / | <input type="text"/> |
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| <input type="text"/> | \$ <input type="text"/> | / / | <input type="text"/> |
| <input type="text"/> | \$ <input type="text"/> | / / | <input type="text"/> |

19. Has any insurer refused or cancelled cover or required special terms to insure you?

No Yes Tell us what happened

20. Have you been charged with, or convicted of, any criminal offence in the last ten years?

No Yes State details

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 consent to TAG Insurance Brokers and the holding Underwriter for my Insurance, using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, TAG Insurance Brokers or the holding Underwriter may not be able to process my claim.

* I consent to TAG Insurance Brokers and the holding Underwriter for my insurance, disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to TAG Insurance Brokers and the holding Underwriter for my insurance also disclosing my personal information to and /or collecting additional information about me, from investigators or legal advisers.

**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

When complete, please forward the report to:
TAG Insurance Brokers Pty Ltd
487 South Rd Bentleigh 3204
Telephone: 03 9555 0544 Fax: 03 9555 9499
Email: enquire@taginsurance.com.au