



Established 1991

ST. GEORGE UNDERWRITING AGENCY

AFS Licence No. 236663

75 North Lake Road. MYAREE WA 6154

P.O. BOX 3016 MYAREE WA 6154

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GENERAL CLAIM FORM

Claim No.: _____

Policy No: _____ Expiry Date: _____

THE INSURED

Full Name: _____

Property Manager: _____

Property Manager's Details: Address: _____

Telephone No. _____ Fax. No. _____

DETAILS OF LOSS OR DAMAGE

Date of Loss or Damage: ____/____/____ Time : _____ am / pm

Place of Loss or Damage: _____

How was loss discovered and by whom : _____

How did loss or damage occur ? _____

Name / Address of Person/s responsible for damage: _____

Was the property un-tenanted at the time of loss or damage? _____

Description of property affected and extent of loss or damage: _____

Damage to Fencing / Floor coverings (*delete whichever is not applicable*) - age of item: _____Water Damage - what was the source of water and how did it enter the building: _____Burglary / Malicious Damage - how was building entered : _____

Police Report No : _____ reported at : _____ on : ____/____/____

Are you the sole owner of the lost or damaged property ? **YES / NO** - if no

Name of other Interested Party : _____

OTHER INSURANCES

Are there any other insurances in force which may cover this loss in whole or part. **YES / NO** - if yes

Name of Insurer / Policy Details : _____

Do you directly, or through your real estate agent have any insurance which principally provides cover against damage or default by tenants ? **YES / NO** - if yes

Name of Insurer / Policy Details / Real Estate Agent : _____

Please complete reverse side ...

DESCRIPTION OF PROPERTY LOST OR STOLEN	PRICE PAID	CURRENT REPLACEMENT COST	PURCHASE DATE	DEDUCTION FOR AGE & WEAR/TEAR	AMOUNT CLAIMED

DAMAGE TO PREMISES AND/OR CONTENTS	COST OF REPAIRS

GST (please complete this section. If you believe this does *not* apply to you, please write n/a for each answer)

My / Our input tax credit entitlement for GST on my/our premium is _____%.

My / Our ABN is: _____

Note: If you are a business and you do not provide us with your ABN, we may have to withhold tax on payments we make under your claim.

Please make payment directly to: _____

The Privacy Act 1988 contains National Privacy Principles which require us to tell you that as an agent for an insurer we collect, handle, store & disclose your personal and sensitive information in order to decide whether to issue a policy, determine the terms and conditions of your policy, compile data, and handle claims.

In certain circumstances, we will disclose personal information to third parties with whom we deal to provide the relevant services and products. For example in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, investigators, agents, and others involved in the claims-handling process, or as required by law. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for which it was supplied by us.

You have the right to seek access to your personal and sensitive information and correct it at any time. To change information please contact us on (08) 9317 8400 WST 8.30am - 5.00pm and advise us of the changes. If you do not agree to the collection of your personal information then we will be unable to process your claim.

Declaration:

- * I/We acknowledge that the answers and information on this form are true and correct.
- * I/We acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of my/our personal and sensitive information so that St George Underwriting Agency, as agents for Allianz Australia Insurance Ltd will be able to process my/our claim.

Signature of Insured _____ Date ____/____/____

Signature of Insured _____ Date ____/____/____

St. George Underwriting Agency claim staff will act on your claim as soon as we receive this form. To help us act quickly for you, please

- ***Attach all quotations/invoices for replacement or repair of the damaged or missing property;***
- ***Attach valuations and receipts of purchases whenever possible;***
- ***Advise the Police immediately in the event of accidental loss, or loss by theft, burglary or suspected malicious damage.***

The issue of this Form is not an admission of liability and it is issued without prejudice.