



75 North Lake Road
P O Box 3016
Myaree WA 6154
08 9317 8400 tel
08 9317 8499 fax
admin@sgua.com.au

Computer Claim Form

At St. George Underwriting Agency, as underwriting agent for Allianz Australia Ins. Ltd., (AFS Licence No. 234708 ABN 30 094 783 767) we will act on your claim as soon as we receive this form. You can help us act quickly for you, if you:

- *Attach all quotations obtained for replacement of or repair to the damaged or missing property;*
- *Attach valuations and receipt 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 is issued without prejudice.

Policy No: _____

Expiry Date: _____

The Insured

Full Name: _____

Address: _____

Occupation/Business/Industry/Trade: _____

Other Interested Party (Finance Company etc)

Name: _____ Nature of Interest: _____

Address: _____

Other Insurance

Are there any other insurances in force which would cover this loss in whole or part? **YES / NO - if "Yes"**

Name of Insurer: _____

Policy Details: _____

Insurance History

Have you ever previously sustained Loss / Damage . **YES / NO - if "Yes"**

Details: _____

Was an Insurance Company involved. **YES / NO - if "Yes"**

Details: _____

Claim Details

Date of Loss, Damage or Occurrence: _____

When was Loss or Damage reported to you (if applicable): _____

Place and/or Premises where Loss or Damage occurred: _____

Please provide full details of how Loss or Damage occurred: _____

Please describe nature and extent of damage to the insured property: _____

Was anyone else responsible for the Loss or Damage? **YES / NO - if "Yes"**

Name: _____

Address: _____

Was there a witness(es) to the Loss or Damage? **YES / NO - if "Yes"**

Name: _____

Address: _____

When was the property last seen by you?: _____

At the time of the loss, how long had the property been left unattended? : _____

Was the vehicle / premises locked **YES / NO**

Has the loss been advertised? **YES / NO - if "Yes"**

Details: _____

Police notified at: _____ Police Station, on: Date: ____/____/____ Time: _____ (am/pm)

Receiving Officer's Name: _____ Offence Report No: _____

Description of Property Loss or Damage

Description & Serial No.	Repair Cost	Replacement Cost	Amount Claimed
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

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.

The *Privacy Act* 1988 requires us to tell you that as an agent for an insurer we collect your personal and other information in order to calculate your loss entitlements; determine our liability; compile data; and handle claims.

When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, investigators, agents etc. or as required by law.

You have the right to seek access to your personal information and correct it at any time. To change information please contact us on (08) 9317 8400 WST 8.30am - 5.00pm, Mon-Fri 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.

Should you wish to obtain more information about Allianz's privacy policies, please contact us and ask for a copy of the brochure called '*National Privacy Principles*'

Declaration

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 agent for Allianz Australia Insurance Ltd will be able to process my/ our claim.

I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and in no matter deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on this form is true and that I/We have not concealed any information relating to this claim.

Further, it is understood and agreed that if any Property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the Company any sum which may have been paid to me/us in respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the Company for disposal as may be agreed.

Signature of Insured _____

Date ____/____/____

Signature of Insured _____

Date ____/____/____