Property Claim Form

The issue of this form is not an admission of liability

Please fully complete this Claim Form and ensure that you sign the declaration at the end of the form.

Privacy Notice

We collect, use and handle your personal information in accordance with our Privacy Policy found at https://insurance.archgroup.com/divisions/international/australia/privacy-and-data-protection-australia/, or you can request a copy by our contact details:

Arch Underwriting at Lloyd's (Australia) Pty Ltd,
Level 10, 155 Clarence Street
Sydney, NSW, 2000

or by telephone at *(02) 8284 8400*
or by email: info@archinsurance.com.au

Please provide the following information

Client Information	
Full Name of the Insured	
Policy Number	
Address of Insured	
Phone	**Email**
Has the Insured claimed a GST input tax credit in relation to this Insurance?	**Yes** ☐ **No** ☐
If Yes, what percentage of the GST applicable to the Premium has been claimed?	

GST *To ensure you do not incur any unnecessary GST liabilities on his claim, please complete these details*	
Are you registered for GST purposes?	**Yes** ☐ **No** ☐
If Yes, what is your Australian Business Number (ABN)?	
Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your monthly or quarterly Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made?	**Yes** ☐ **No** ☐
If Yes, what percentage of the HST did you claim or are you entitled to claim? (if the GST paid and your ITC entitlements are the same amount, the answer to this question is 100%)	

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ELECTRONIC FUNDS TRANSFER DETAILS

Following our approval of your claim, should you wish to have your claim benefits transferred directly into your bank account, please provide the following details

Financial Institution			
BSB		**Account Number**	
Account Name			

LOSS OR DAMAGE DETAILS

Date of Event		**Time**	
Where did event occur?			
Description of loss or damage			
How did loss or damage occur?			
Who discovered the loss or damage?			
Name		**Date and time discovered**	
Do you know who is responsible for the loss or damage?			
If Yes, please provide their name, address an any other information about the person/s responsible			
Name and address of any witnesses			

If claim is for burglary or theft, describe method of entry		
Has any of the property been recovered?	**Yes** ☐	**No** ☐
If Yes, please provide details		
Are you the sole owner of the property (or financed)	**Yes** ☐	**No** ☐
If No, please provide details of other interested parties (mortgagee, trustee etc)		
Do you hold any other insurances which would cover the loss?	**Yes** ☐	**No** ☐
If Yes, please provide details		

You must report any loss, theft or vandalism of property to the Police and obtain a copy of their report.

POLICE DETAILS	
Name of Police station incident reported to	
Name of Police Officer	
Date reported	**Report Number**

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SCHEDULE

Where possible attach original invoices, receipts or other proof of purchase. Please include quotations for replacement or repair

Description of property	Where purchased	When purchased	Value at time of loss	Replacement value (attach quotes)

PLEASE NOTE

1. Make sure that you give us ALL details about your claim
2. Please send any documentation you have which may assist in verifying ownership and/or value of items
3. Send us all original quotations and/or original invoices which you have received to repair or replace your property
4. Tell the Police immediately about any loss or damage which has been caused by burglary or theft, vandalism or malicious damage
5. If possible, keep damaged items available as we may wish to inspect them
6. Contact your Broker should you require assistance

DECLARATION

I/We declare that:

1. I/We the Insured do solemnly and sincerely declare that I/we have complied with the terms and conditions of the Policy and in no manner caused the said loss or damage or sought unjustly to benefit thereby by any fraud or willful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim.
2. I/We understand the claim may be refused or reduced if information is withheld.
3. I/We authorise the insurer to disclose information contained herein to their advisors, reinsurers and to other insurers.
4. I/We authorise the insurer to obtain from any other party information that is, in the insurer's view relevant to this claim

Signature	
Date	