Property
Claim Form

Important: Please read before you complete this form

1. Please fully complete this claim form and ensure that you sign and date the declaration
2. You must report any loss, theft or vandalism of property to the Police and obtain a Police Report Number
3. If possible, keep damaged items available as we may wish to inspect them
4. Contact your Broker should you require assistance
5. Please scan and email the claim documentation to Arch Insurance at propertyclaims@archinsurance.com.au
6. The issue of this form is not an admission of liability.

Please note you may be required to provide additional supporting information to assist with the assessment of your claim. For your specific claim, this information is including, but not limited to:

- Proof of purchase, original invoices or receipts
- Quotes for replacement or repair
- Police details and/or report number

Arch Underwriting at Lloyd's (Australia) Pty Ltd

Sydney: Level 10, 155 Clarence Street, Sydney NSW 2000 | P: +61 2 8284 8400 F: +61 2 8088 1024

Melbourne: Suite 11.02, Level 11, 360 Collins Street, Melbourne VIC 3000 | P: +61 3 9629 5444 F: +61 3 9629 1854

E: propertyclaims@archinsurance.com.au

archinsurance.com.au

Pursuing Better Together®

Section 1: Policy and Personal information

Policy Number

Policy Holder

Business Name

Name of Insured

Address

Suburb | State | Postcode

Email Address

Daytime Contact Number | Alternative Number

Section 2: Electronic Funds Transfer (EFT) authorisation and GST information

I/We direct that the settlement money be paid to the nominated bank account as follows:

AUSTRALIAN BANK DETAILS

BSB Number: | Account Number:

Account Name: | Name of Bank:

INTERNATIONAL BANK DETAILS

Bank Name:

Bank Address:

Account Number: | IBAN:

Sort/Branch Code: | Swift Code:

Account Name: | Account Currency (International Payments):

Important: Arch shall not be liable for any losses incurred by you, as a result of you providing Arch with an incorrect bank account number under this section for the payment of this claim.

If you are a sole trader or own your own business, please complete the following table:

a) Are you registered for GST Purposes? Y N

b) What is your Australian Business Number (ABN)?

c) Have you claimed or are you entitled to claim an Input Tax Credit (ITC) in respect to the GST paid on the insurance policy under which this claim is being made Y N

d) If Yes, what percentage of the GST did you claim or are you entitled to claim?
(if the GST paid and your ITC entitlement are the same amount, the answer to this question is 100%) %

Section 3: Loss or Damage Details

Date of Loss: (DD/MM/YYYY) Time of Loss: (HH/MM AM/PM)

Nature of Loss (burglary, fire etc):

Where did the loss occur?

Detailed description of loss or damage:

Who discovered the loss or damage?

Name:

Date and Time discovered: (DD/MM/YYYY) (HH/MM)

Do you know who is responsible for the loss or damage? Y N

If yes, please give details

Name and address of any witnesses

If claim is for burglary, describe method of entry

Has any of the property been recovered? Y N

If yes, please give details

Have the Police been notified? Y N

Police Report Number

Are you the sole owner of the property (or financed) Y N

If No, please give details of other interested parties

Do you hold any other insurance which could cover the loss Y N

If Yes, please give details

Section 4: Privacy notice, General Authority and Declaration

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

General Authority

I understand that, by investigating my claim or by accepting proof of my claim, Arch has made no acceptance of liability nor waived any of its rights.

I authorise Arch to collect, use and disclose my personal and financial information to any insurer, insurance broker, employer, financial institution, government body or other person or entity, for the purpose of assessing and administering my/our claim.

I authorise any such party to provide Arch with information and documents relevant to my claim, including but not limited to:

- details of insurance policies held (current or past);
- claims made, benefits paid or payable, and policy terms;
- financial information including earnings, employment and business activities; and
- any other information required to verify my/our entitlement to benefits or determine concurrent insurance.

I understand this authority is provided in accordance with Arch's Privacy Policy and the Privacy Act 1988 (Cth). I acknowledge that if I do not consent to this authority, Arch may be unable to process or assess my claim.

This authority remains valid for the duration of the claim unless revoked by me in writing. A copy of this authority shall be as effective as the original.

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I will use my best endeavours and render all reasonable assistance and cooperation to Arch in the assessment of my claim.

I understand that if I do not consent to the terms of this authority or revoke my consent, Arch may not be able to process or assess my claim.

Name: Signature:

Date: (DD/MM/YYYY)