

# Property Claim Form

## Important: Please read before you complete this form

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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](mailto: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](mailto:propertyclaims@archinsurance.com.au)

[archinsurance.com.au](http://archinsurance.com.au)

## Section 1: Policy and Personal information

Policy Number	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

Please provide bank and account details for payment. For security purposes, Arch will contact you to verify the EFT details provided

BSB Number (6-Digits)	Account Number	Account Holders Name	Bank

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

- |  |                            |                            |
|--|----------------------------|----------------------------|
| a) Are you registered for GST Purposes?  | <input type="checkbox"/> Y | <input type="checkbox"/> 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?                      | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| d) If Yes, what percentage of the GST did you claim or are you entitled to claim?<br>(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

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Date of Loss:

Nature of Loss (burglary, fire etc):

Where did the loss occur?

Detailed description of loss or damage:

Extent of damage:

Who discovered the loss or damage?

Name:

Date and Time discovered:

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

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

Y  N

If No, please give details of other interested parties

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Do you hold any other insurance which could cover the loss

Y  N

If Yes, please give details

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## Section 4: Privacy statement, medical authority and declaration

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### Arch Insurance Privacy Statement

I/We agree that, by signing this form, the personal information I/we provide to Arch may be collected, held, used and disclosed in the manner set out in the Arch Privacy Statement found at [www.archinsurance.com.au](http://www.archinsurance.com.au), including for the processing of this claim.

### 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.

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Name:

Signature:

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Date: (DD/MM/YYYY)

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