

HOME INSURANCE

CLAIM REPORT

Please retain this page for your information

ABOUT YOUR CLAIM

- Most policies allow for replacement of property with the nearest equivalent available or a cash settlement. Valuation figures and sums insured for jewellery and some other items are not agreed cash settlement amounts. They are maximum limits on the amount which may be claimed. Claims for jewellery and some other items are usually settled by replacement. We will advise you how we will settle your claim.
- We will contact you as quickly as possible about your claim.
- For many claims we will check the circumstances and damage before we authorise and pay for repairs.
- We may appoint a loss adjuster or investigator or contact you for more information.
- Please ensure you answer the GST questions at Q. 5 & Q. 14.

DON'T AUTHORISE REPAIRS YOURSELF

- If possible, retain any damaged items, as we may need to inspect them before settling your claim.
- If possible, please attach proof of purchase for each item being claimed e.g. receipt, invoice, bank/credit card statement, photo of the items, manual etc.
- Please refer to your policy booklet for more information about how your claim will be handled.
- If you have any questions about your claim, please contact CGU Insurance office on tel 13 24 80 (13 CGU 0).

HOW YOU CAN RESOLVE A DISPUTE WITH US

Our dispute resolution system is free and works like this:

1. Please advise the staff at your CGU Insurance office on 13 24 80 if you are dissatisfied with:
 - our decision on your claim
 - our handling of your claim
 - the services of our loss adjuster or investigator.
2. The staff member will try to resolve the problem.
3. If unable to resolve it, the staff member will refer it to the supervisor or manager for attention. A decision concerning your complaint will be made within 15 business days of receipt.
4. If this fails to resolve your problem, you may request that the problem be referred to our internal dispute resolution staff. They will investigate the dispute and try to reach a satisfactory outcome with you, normally within 15 business days of the date you requested a referral.
5. If you do not accept our decision, you may take the problem to the Financial Ombudsman Service (FOS), for an independent investigation. The FOS can assist with private consumer and some small business type claims.

The telephone number for the Financial Ombudsman Service is 1300 780 808.

More detailed information about this process is available from your CGU Insurance office.

For Loss, Theft, Fire, Glass, Impact and Other Damage Claims.

This form is for making claims for lost, stolen or damaged property. If your claim is for a motor vehicle, personal injury or illness or machinery, or if it is a claim on a travel policy, you need a different form. Ask our agent, your broker or your CGU Insurance office for the right one.

Please answer all questions. This will help us process your claim quickly.

If you need more space to answer any of the questions, please use a separate sheet of paper. Any attachments will form part of this claim report and the declaration will include them.

1. Policy number (from your schedule)

Expiry date

 / /

Office use only

XS

AD

LE

MP

Cause

2. Insured (surname, company, partnership)

Given name(s) of insured

Contact person (for company or partnership claims)

3. Address

 Postcode

4. Private telephone no.

Business telephone no.

Facsimile no.

Email address

5. Are you registered for GST purposes?

No Yes What is your ABN?

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?

No Yes Is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium? No Yes Specify the percentage amount claimed or intended to be claimed %

Are you entitled to claim an input tax credit for repairs or replacement of the damaged item(s)?

No Yes Is the amount claimable less than 100%? No Yes Specify the percentage claimable %

6. When did the loss, theft or damage happen?

 / / Time a.m. p.m.

7. Please describe what happened.

8. Address where loss, theft or damage happened

Postcode

Are you the only occupier of your premises?

Yes No If No, give details

9. Who discovered the loss, theft or damage?

Name of person Date / / Time a.m. p.m.

10. Do you know who is responsible for the loss or theft of, or damage to your property?

No Yes Name(s), address(es) and any other information about the person(s) responsible

11. Were there any witnesses to the loss, theft or damage?

No Yes Name of witness Telephone no.

Address Postcode

Name of witness Telephone no.

Address Postcode

12. Were your premises broken into?

No Yes When were the premises last occupied? Time a.m. p.m.

Were the premises securely locked?

How was entry gained (e.g. window broken, door forced)?

Have steps been taken to improve the security of your premises?

You must report any loss, theft or vandalism of property to the police. We may need to apply to the police for a copy of this report.

13. Name of police station where you reported it Name of police officer

Police offence report no. Date reported / /

You must report any loss caused by fire to the brigade.

Name of fire station where you reported it Date reported / /

15. Is the property repairable?

Yes would you like CGU to allocate a repairer/supplier

Yes

No Attach a quote for the repairs

No Attach original receipts, valuations, quote for replacement or a certification from an authorised repairer that the item is unrepairable.

16. Do you owe money on the property lost, stolen or damaged?

No Yes Lender's name

Approx. amount owing

\$

Postcode

17. Some of the property lost, stolen or damaged may be covered under other policies, including health insurance. Please list any other insurance you have which might cover these items.

Name of the insurer

Policy no.

Type of insurance

18. Have you had any previous losses or made any claims for loss, theft or damage on any insurer in the past five years, whether you claimed for them or not?

No Yes Tell us what happened

Value

Date of loss

Insurer

\$

DD / MM / YY

\$

DD / MM / YY

\$

DD / MM / YY

\$

DD / MM / YY

\$

DD / MM / YY

\$

DD / MM / YY

\$

DD / MM / YY

19. Has any insurer refused or cancelled cover or required special terms to insure you?

No Yes Tell us what happened

20. Have you been charged with, or convicted of, any criminal offence in the last ten years?

No Yes State details

Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this claim.

Signature of insured or person with authority to sign for and on behalf of a company or partnership

Date

Please indicate the number of additional pages attached to this claim report

When complete, please forward the report to:

Email - claims@cgu.com.au

Post - CGU Insurance, GPO Box 2852 MELBOURNE VIC 3001

or send it to us via your Agent or Broker

**Alternatively, claims can be lodged over the telephone 24 hours a day,
7 days a week by calling us on 13 24 80 (13 CGU 0)**

CONTACT DETAILS

Enquiries 13 24 81

Claims 13 24 80

Mailing address

GPO Box 9902 in your capital city

Sydney

388 George Street
Sydney NSW 2000

Melbourne

181 William Street
Melbourne VIC 3000

Brisbane

189 Grey Street
South Bank QLD 4101

Perth

46 Colin Street
West Perth WA 6005

Adelaide

80 Flinders Street
Adelaide SA 5000



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Insurance Australia Limited
ABN 11 000 016 722 AFSL 227681
trading as CGU Insurance.

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