<u>General Claim Form</u>

(If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete).

YOUR PRIVACY

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, information about where the insurer is located is set out below:

By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above. You understand that any personal and sensitive information disclosed to organisations located overseas may not be protected in the same way as it is in Australia. Even though we have not control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above.

Further information about how to access the personal information we hold about, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website: www.tudorinsurance.com.au

Contact Us

You can contact our Privacy Officer using the details below:

Privacy Officer
Address: PO Box 256, Berwick, VIC, 3806
E-mail: service@tudorinsurance.com.au
Telephone: 03 9707 3033
Fax: 03 9707 4568

Tudor Insurance Australia (Insurance Brokers) Pty. Ltd.

Claim Number:

1. Policy Details

Full Name(s) of Insured:	Address of Insured:
………………………………………………	…………………………………………………
………………………………………………	………………………………………Postcode ………………
………………………………………………	**Telephone Numbers:**
………………………………………………	**Business Hour** (…..) ………………………………………………
	After Hour (…..) ……………………………………..

Insurer:	Policy No:	Expiry Date:
……………………………………..	………………………………………..	……. / ………………… / 20……

2. General Details of Loss / Damage

Where did event occur?	……. / ………………… / 20……	
Date of Event	……. / ………………… / 20……	**Approximate time of loss / damage** ……………………… am/pm
Brief description (including cause of loss or damage)	……………………………………………………………………………… ……………………………………………………………………………… ……………………………………………………………………………… ………………………………………………………………………………	
Amount Claimed (as shown on Schedule on next page of this form)	$ ………………………..	
Is any Third Party to blame for loss or damage?	☐ Yes ☐ No *(If yes, please give details)* ……………………………………………………………………………… ………………………………………………………………………………	

Have you received, or do you anticipate receiving, notice of any claim from or on behalf of Third Parties?	☐ Yes ☐ No *(If yes, please give details)*	
Give details of all witnesses, if any:	**Name**	**Address**
	....	....Postcode ………….
	....	.... Postcode ………….
	....	.... Postcode ………….
Were the Police notified?	☐ Yes ☐ No *(If yes, please give details)* Date of Report: ………… / …………………. / 20 ……… Name of Police Station:	
Have you taken any action to recover or reduce your loss?	☐ Yes ☐ No *(If yes, please give details)*	

3. Other Particulars

Name of Owner of property lost / damaged	....
Name of any other interested party (eg, Mortgagee, Trustee)	....

	……………………………………………………………………………… ………………………………………………………………………………
Details of any other insurances covering lost/damaged property	……………………………………………………………………………… ……………………………………………………………………………… ………………………………………………………………………………

4. Complete for ALL Claims - ABN Details

Are you a registered business? ☐ Yes ☐ No
What is your ABN?   ABN No: ……………………………………..
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?   ……………..%

5. Declaration

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.   I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Tudor Insurance Australia (Insurance Brokers) Pty Ltd in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".   Full name of claimant(s)   *(please use block letters)* …………………………………………………….   …………………………………………………….
Signature(s)   ……………………………………………………. Date: ….. / ……… / 20…..   ……………………………………………………. Date: ….. / ……… / 20…..

Tudor Insurance Australia (Insurance Brokers) Pty. Ltd. AFS LICENCE **243 299** | ACN **006 932 538** | ABN **19 876 513 568**

P: 03 **9707 3033** | F: 03 **9707 4568** | service@tudorinsurance.com.au | **www.tudorinsurance.com.au**

Tudor Insurance Australia (Insurance Brokers) Pty. Ltd.

SCHEDULE

(1)   PLEASE COMPLETE FOR **LOSS** OF PROPERTY:-

Description of property for which loss is claimed	Date of Purchase	Original Cost	Value at time of Loss- allowing for reasonable Depreciation	Value of Salvage (if any)	Amount of Loss or Damage Claimed	
					$	
					$	
					$	
					$	
					$	
					$	
TOTAL AMOUNT OF LOSS CLAIMED					**$**	

(2)   PLEASE COMPLETE FOR **DAMAGE** TO PROPERTY:-

Particular	Name of Repairer (Invoice / Quote)	Cost of Repairs	
		$	
		$	
		$	
		$	
TOTAL REPAIRS		**$**	
TOTAL AMOUNT CLAIMED		**$**	

(3)   PLEASE COMPLETE FOR **FUSION** DAMAGE:-

Machine / Appliance	Maker	Date of Purchase	H.P. of Motor	Name of Repairer Invoice/Quote Attached	Cost of Repairs	
					$	
					$	
					$	
					$	
					$	
TOTAL REPAIRS (Note: To Avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable)					**$**	
LESS EXCESS					**$**	
NET AMOUNT CLAIMED					**$**	

(4)   PLEASE COMPLETE FOR **THIRD PARTY** CLAIMS:-

Details of injury or damage to third parties:-

Name:

....

Address:

....

....

....

Occupation:

....

Nature and extent of injuries/damage:

....

....

Has the third party any relationship to you (eg. relative, employee)?

....

....

Have you received any correspondence from third parties? If so, please enclose them with this form.

....

....

Have you made any admission of liability?

....

....

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