



Claim No.: _____

(Company Use Only)

A SUNCORP COMPANY

Property Claim Form

**HOW TO ASSIST
IN SETTLING
YOUR CLAIM**

- Complete this form and sign the declaration.
If there is insufficient space for any answer attach a separate sheet.
- Attach documentation to support your claim eg. quotes/invoices for cost of repair/replacement, original purchase invoices etc.
- Return this form and supporting documentation as soon as possible to the claims office (listed below).

Policy number

My policy number is _____

Tax details: ABN _____

ITC percentage on premium _____%

Type of claim
*(tick appropriate
box/boxes)*

- Fire
- Water
- Storm
- Impact
- Malicious acts
- Burglary
- Money
- Glass
- Damage to refrigerated stock
- Accidental damage
- Other, please describe

Complete this entire page

INSURED'S DETAILS

Name of insured _____

Postal address _____ Postcode _____

Phone: Business (____) _____ Private (____) _____ Mobile _____

Fax: (____) _____ occupation, trade or business _____

DETAILS OF CLAIM

Date of loss ____ / ____ / ____ Time _____ am/pm

What happened?

Please explain what happened

What have you done to protect your property after this loss?

Insured Premises

Address of insured premises where incident occurred (if other than postal address)

_____ Postcode _____

Were the premises unoccupied at the time of the loss?

YES NO

If yes, when were the premises last occupied?

Date ____ / ____ / ____

Who owns the property?

Are you the sole owner of the property which is the subject of the claim?

YES NO

If no, state names of all owner(s) including other interested parties _____

Has any of the property been recovered, and if so, what?

Other insurance

Is there any other insurance on the property?

YES NO

If yes, state type, name of company and policy no. _____

Previous Claims

Have you previously had a loss of this nature?

YES NO

If yes, give details: date, amount of loss and if a claim was made, the name of the insurance company

Police Report

Was the loss reported to the Police?

YES NO

If yes, by whom _____ Date ____ / ____ / ____

Constable's Name _____ Police Station _____ Event No. _____

Complete the relevant sections only

Burglary

How was entry gained to the premises? _____

Money

Where was the money immediately prior to the loss? _____

How did you calculate the amount of the loss (provide documentation eg. bank withdrawal slip, receipts, business books, cash register roll)? _____

Glass

What glass was broken? Window Mirror Door Showcase Other

If other, give details _____

Type of glass broken? Plain Sheet Plate silvered Laminated

Details of any signwriting on glass prior to breakage _____

If you know who broke the glass, supply details _____

Was temporary boarding up carried out by glass company? YES NO

Have you paid the repair account? YES NO

Have you paid your excess to the repairer? YES NO

Impact

What was the impact caused by? _____

If the Impact was caused by a vehicle, give details (if more than one vehicle involved attach a separate sheet)

Driver's name & address _____

Relationship of driver to you or the owner of the insured premises eg. employee, relative etc. _____

Make of vehicle _____ Registration no. _____ Name of insurance co. _____

Electronic Payment Details

If a claim payment is to be made to you, would you like the claim payment deposited directly into a bank account?

Yes

No

(If you have answered 'No' the rest of this section does not require completion)

Name the account is held in: _____

BSB Number (6 digits in total)

Bank Account Number (up to 10 digits only)

-

(If you are unsure of the BSB number, please contact the bank where the account is held.)

Bank Name: _____ Branch _____

A notification letter will be issued to you when the claim payment has been electronically deposited.

Privacy statement

GIO General Limited is a Suncorp company.

Suncorp is an Allfinanz group offering many different categories of financial products and services in banking, insurance, investments, and advice on financial services.

We need to collect personal information from our customers so we can:

- set up and administer a product for the customer;
- determine a customer's requirements and provide the appropriate product or service;
- assess a claim made by a customer under one or more of our products;
- assess our customers and their needs;
- improve our financial products and services.

Without this information, we cannot provide the product or service.

Protecting the privacy of our customers is a key part of our normal operations.

As one of a number of companies that form the Suncorp group, we provide personal information about a customer to all the related companies within this group. We do not disclose personal information to any outside third party organisation, unless it is contracted to Suncorp to provide administrative services or activities on our behalf. In this case, we make sure that the third party is bound by the same privacy rules we follow.

Sometimes, Suncorp might use personal information to make product related material on a range of financial products and services available to our customers. A customer may elect not to receive product related material or change their mind at any time about receiving product related material by calling 13 10 10.

A customer may:

- access the personal information that we hold about them;
- get more information about Suncorp;
- obtain a copy of our Privacy Policy;

by calling 13 10 10, or contacting us at gio.com.au or by visiting any of our branches.

Declaration

I/We _____ of _____

- declare that the above information is a true and correct and that I/we have not concealed any material particulars which should be known to the insurer.
- I give authority to GIO General Limited to get information in relation to insurance matters or claims history from other insurance companies, or an insurance reference bureau or similar organisation.
- I agree to GIO collecting, using and disclosing my personal information, including sensitive and health information if applicable, in accordance with the Privacy Statement included in this document and the Suncorp Privacy Policy.

Signature of Insured _____

Date ____ / ____ / ____

Witness _____

Address _____
