

## theft of contents or loss of personal effects claim form



Wesfarmers General Insurance Limited, ABN 24 000 036 279

### Claims Procedure

This claim form is to be completed when your property has been lost or stolen or damaged by thieves.

It may also be necessary for you to arrange urgent temporary repairs to protect your property.

It is necessary for you to complete all Sections of this claim form. Please answer all parts of the questions relevant to the claim that you are lodging. If there is insufficient space provided for any information requested or to be supplied, please supply these details on a separate sheet and attach to the claim form.

Attach (or promptly supply) where possible the original repair invoice or receipts to support your claim as well as quotations for replacement of items or for repairs to damaged items with this completed form as well as any notices to the police for property lost or stolen.

On receipt of the above we will assess and administer your claim in accordance with your policy. We will also keep you informed of any other requirements should they be required and we will keep you advised on the progress on the processing of your claim.

If you have any queries on any of the information required on this form, please do not hesitate to contact your authorised representative or broker or Lumley Insurance office.

### Privacy

We respect your privacy and we comply with the Privacy Act and the National Privacy Principles. A copy of our Privacy Statement is available at any of our offices or online at [www.lumley.com.au](http://www.lumley.com.au)

### Complaints Procedure

If you do not agree with any decision we make in relation to the policy, please write to us stating what you disagree with and why. We will then resolve or attempt to resolve your complaint immediately, or we will refer the matter to our Internal Dispute Resolution Committee (IDRC).

If you are not satisfied with a decision by the IDRC, the matter may be referred to an independent dispute resolution body, Financial Ombudsman Service (FOS), provided the matter falls within their jurisdiction.

### Financial Ombudsman Service (FOS)

Freecall 1300 78 08 08  
Post: GPO BOX 3, Melbourne Victoria 3001  
Website: [www.fos.org.au](http://www.fos.org.au)  
Email: [info@fos.org.au](mailto:info@fos.org.au)

The Insurance Contracts Act 1984 (as amended) requires you to provide all information which Lumley Insurance may reasonably require, and stipulates that any omission may adversely affect the cover under your policy.

If you would like more information on your duty of disclosure (or any other aspect), please contact your authorised representative, broker or nearest Lumley Insurance office.

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291	Phone (02) 9248 1111 Phone (02) 4925 7500	Fax (02) 9248 1122 Fax (02) 4940 0295
VIC	Level 3, 99 King Street, Melbourne 3000	Phone (03) 8627 4333	Fax (03) 8627 4312
ACT	Level 4, 10 Rudd Street, Canberra City 2601	Phone (02) 6279 0333	Fax (02) 6279 0330
TAS	Level 11, 27 Paterson Street, Launceston 7250	Phone (03) 6345 4700	Fax (03) 6345 4711
SA	465 Pulteney Street, Adelaide 5000	Phone (08) 8228 1700	Fax (08) 8228 1775
WA	Level 9, 50 St George's Terrace, Perth 6000	Phone (08) 9220 8222	Fax (08) 9220 8251
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101 Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 3307 4800 Phone (07) 4722 6000	Fax (07) 3307 4899 Fax (07) 4724 4398
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800	Phone (08) 8946 4600	Fax (08) 8228 1775

Lumley Insurance is a trading name of Wesfarmers General Insurance Limited

Click on the fields to complete online, then print and sign.  
OR Print and complete all sections in black or blue pen.

## 1. Policy Details

Policy number

Claim number

Expiry date (dd/mm/yyyy)

Sum insured

## 2. Client Details

Insured's name (Surname or company name)

Given names

Date of birth (dd/mm/yyyy)

Address

Suburb

State

Postcode

Phone number (w)

Phone number (h)

Occupation

## 3. GST Details

Goods and Services Tax - to ensure you do not incur any unnecessary GST liabilities on this claim please advise your:

(a) ABN, if applicable

(b) entitlement to an Input Tax Credit in respect of:

(i) Insurance premium  % and (ii) the property which is the subject of this claim  %

## 4. Incident Details

Date of incident (dd/mm/yyyy)

Where did the theft or loss happen?

Between the hours of

am

pm

and

am

pm

Date discovered (dd/mm/yyyy)

Time discovered

am

pm

Name of person who discovered the theft or loss?

Where were you at the time of the theft or loss?

Was the property in the open air at the time of loss?

Yes

No

Describe fully how the loss occurred?

Do you know who was responsible for the theft of your property? (if Yes, please give name and address)

### Details of entry

How was entry gained to the premises?

Which rooms were entered?

## 5. Police Details

To which police station was the theft or loss reported?

Date (dd/mm/yyyy)

Time

am

pm

Officer's name

Offence report number (please attach a copy)

Did police attend the incident location?

Yes

No

## 6. Security Details

Are any of the following security devices fitted to your home?

1. Internally operated keys locks on sliding perimeter doors
2. Double keyed deadlocks on all perimeter doors
3. Key operated locking devices on all accessible windows
4. Grills or bars on all accessible perimeter doors and windows
5. Perimeter doors
6. Internal Alarm
7. Fixed Safe

Yes

No

If an alarm is fitted was it activated?

As a result of this incident have you, or do you intend, upgrading the security of your premises? (if yes, please specify)

## 7. Previous Claims Details

Have you ever had a theft or loss? (if yes, please give details)

Yes

No

## 8. Declaration

I/We solemnly and sincerely declare:

1. That the information supplied on this claim form and statement of claim is true in every respect
2. I/We understand that the claim may be refused if information is withheld, false, misleading or concealed
3. That there was no other insurance covering this loss current at the date of this incident
4. I/We acknowledge that this claim form is a legal document and as such may be used in any legal proceedings resulting from this claim.

Signature of insured(s)

Date (dd/mm/yyyy)

Witness

Date (dd/mm/yyyy)

