

Householders Claim Form



It is essential that this form be returned directly to Ansvar Insurance, with all questions answered, at the earliest opportunity. Please print your answers and where appropriate.

Office use only Claim number

1. Policyholder details

Name							Policy number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address													State	<input type="text"/>	Postcode	<input type="text"/>					
Telephone: Home	<input type="text"/>	Telephone: Work	<input type="text"/>	Telephone: Mobile	<input type="text"/>	Email	<input type="text"/>														

2. Date of loss / /

3. Nature of loss (burglary, fire, etc)

4. Address of the premises at which the loss was sustained State Postcode

5. Describe how the loss occurred

6. Ownership details

Are you the owner of the property lost or damaged? Yes No *If no, who does own the lost or damaged property?*

Owner's name

Address State Postcode

7. Was another person responsible for the damage to your property?

Yes No *If yes, name and address of person responsible*

Name	<input type="text"/>		
Address	State	Postcode	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. If burglary, method of entry

9. Damaged caused by entry

10. Have the police been notified?

Yes No Which police station? Police report number

11. Other insurance

If there is other insurance on the property for which a claim is being made, please tell us the:

Name of the insurance company	<input type="text"/>	Type of insurance	<input type="text"/>
Policy number	<input type="text"/>	Period of cover	<input type="text"/> / <input type="text"/> / <input type="text"/>

Victoria AD GPO Box 1655 Melbourne 3001 FX +61 3 9614 1545	New South Wales AD PO Box 1410 Parramatta 2124 FX +61 2 9687 9564	Queensland AD GPO Box 747 Brisbane 4001 FX +61 7 3221 6721	South Australia AD PO Box 630 Fullarton 5063 FX +61 8 8338 1920	Western Australia AD PO Box 840 West Perth 6872 FX +61 8 9324 2013	Tasmania AD PO Box 330 Launceston 7250 FX +61 3 9614 1545
--	---	--	---	--	---

12. Previous claims

Have you made any home or contents insurance claims in the last 5 years? Yes No If yes, please tell us the details *If insufficient room, use space on back of form or attach separate sheet*

Date of claim	Property damaged	Insurance company	Amount paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> \$

13. Goods and services tax To ensure you do not incur any unnecessary GST liabilities on this claim complete these details

Are you registered for GST purposes? Yes No What is your ABN?

If you have registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy? Yes No

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

14. Electronic Funds Transfer Settlement of your claim may involve a cash settlement. Please complete the following if you are interested in an EFT Payment

Account name	BSB number	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>

15. Complete details overleaf before signing below I declare that all the information I have given is true and correct

Signature

Date / /

Please include with your completed claim form quotations for replacement and/or repair, original receipts of proof of ownership

Description of property lost or destroyed	Model number	Original date purchased	Where bought	Original purchase price	Quoted replacement price	Where quoted	Additional information
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Answer Insurance is a member of the insurance industry's impartial Insurance Ombudsman Service. This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally. In the unlikely event of a complaint arising, you should firstly contact the local Answer Insurance Regional Manager. In most cases the problem will be resolved easily, if you are not satisfied with the response given by the Regional Manager you may contact our Internal Dispute Resolution Committee for advice and assistance in resolving your claim.

Privacy The information we collect assists us to make a decision on whether we will accept your claim. If you do not provide this information we may be unable to process your claim. We may use third party suppliers (agents, loss adjusters, assessors and mailing houses) to carry out specialised activities on your behalf. These organisations are aware of their obligations under Privacy provisions. At any time you may request access to your personal information and correct it if it is wrong. We value the personal information you give to us and we will take all reasonable precautions to prevent unauthorised access to this information.