



**Link Insurance Brokers**

## **PROPERTY Damage**

<b>Policy Number:</b>		<b>Client Code:</b>	<b>Excess: \$</b>
<b>THE INSURED</b>			
Name		Home Ph	
Address		Work Ph	
		Mobile Ph	
Post Code:		Fax	
Email Address			
Are you registered for GST? Yes <input type="checkbox"/> No <input type="checkbox"/>		What is your ABN?	
Have you claimed or do you intend to claim an input tax credit on the GST component of the premium applicable to the Policy?		No <input type="checkbox"/> Yes <input type="checkbox"/> - Will you be claiming an amount less than 100%	
		No <input type="checkbox"/> Yes <input type="checkbox"/> - Specify amount claimed %	
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?		No <input type="checkbox"/> Yes <input type="checkbox"/> - Will you be claiming an amount less than 100%	
		No <input type="checkbox"/> Yes <input type="checkbox"/> - Specify amount claimed %	
<b>THE PROPERTY</b>			
Are you the owner of the damaged property? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please give details)			
Was there any other insurance covering this damage current at the time of the occurrence? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of Insurer			
Does any other party have an interest in the damaged property the subject of the claim? (e.g. Mortgagee, Finance Co, Lessee) No <input type="checkbox"/> Yes <input type="checkbox"/> - Please give details			
<b>THE PREMISES <i>where did the loss or damage occur?</i></b>			
Address:			
		State	Post Code
Describe the Premise(s) (i.e. Home, Flat, Boarding House, Home Unit)			
Are the Premises tenanted? No <input type="checkbox"/> Yes <input type="checkbox"/> - Who usually lives there?			
Were the premises occupied at the time of the loss? Yes <input type="checkbox"/> No <input type="checkbox"/> - Give Details of when last occupied: Name Date Time			
Was anyone other than the insured or his/her immediate family at home at the time of the loss? No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details			
Is any trade, business or profession carried out at the premises? No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details			

<b>INCIDENT DETAILS</b>				
Date of Occurrence	Time AM / PM			
How did the damage or loss occur?				
Was another person responsible for the damage? No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details				
Name	Address Post Code			
<b>DETAILS OF CLAIM</b>				
- Please attach quotations. If insufficient space please attach list and show total amounts below				
<b>BUILDING</b>				
Particulars	Name of Repairer			
	Amount			
	\$			
	\$			
	\$			
	<b>Total</b> \$			
<b>CONTENTS</b>				
Description of Property (Include Serial Number and attach valuations)	Where Purchased (Attach Invoice)	When Purchased	Value at Time of Loss	Replacement Value (attach Quotes)
				\$
				\$
				\$
			<b>Total</b>	\$
<b>DETAILS OF PREVIOUS LOSS OR DAMAGE</b>				
Have you or anyone living permanently with you suffered any loss, damage or liability to you or your property in the last 5 years? No <input type="checkbox"/> Yes <input type="checkbox"/>				
Describe loss, damage or liability	Date	Amount		
		\$		
		\$		
Have you made any claim on an insurer for any of the above-mentioned incidents? No <input type="checkbox"/> Yes <input type="checkbox"/> - Please give details below				
Insurer	Date	Amount		
		\$		
		\$		
<b>DECLARATION AND AUTHORISATION</b>				
The information and answers given above are true and complete in every detail. I understand the claim may be refused or reduced if information is withheld.				
Signature of Insured			Date	