



Link Insurance Brokers

THEFT / BURGLARY

Policy Number:		Excess: \$	
THE INSURED			
Name			
Address			Post Code
Home Phone No.	Work Phone No.	Mobile No.	
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 %	
THE PROPERTY			
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			
THE PREMISES			
<i>Where did the loss or damage occur?</i>			
Address:		State	Post Code
Describe the Premise(s) (ie. 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 Hour Day Date			
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			

INCIDENT DETAILS

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
If the damage is the result of fire did the fire brigade attend? Yes <input type="checkbox"/> No <input type="checkbox"/>		

DETAILS OF PREVIOUS LOSS OR DAMAGE

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 Yes

Describe loss, damage or liability	Date	Amount
		\$
		\$
		\$

Have you made any claim on an insurer for any of the above-mentioned incidents?
No Yes - Please give details below

Insurer	Date	Amount
		\$
		\$
		\$

DETAILS OF CLAIM

- Please attach quotations. If insufficient space please attach list and show total amounts below.

BUILDING

Particulars	Name of Repairer	Amount
		\$
		\$
		\$
		\$
	Total	\$

CONTENTS

Description of Property (Include Serial Number and attach valuations)	Where Purchased (Attach Invoice)	When Purchased	Value at Time of Loss	Replacement Value (attach Quotes)
				\$
				\$
				\$
				\$
			Total	\$

THEFT OR BURGLARY – Please attach original purchase docket, invoices or receipts. If you provide as much proof about owning the items it will help us to process your claim quickly.

How were the premises entered and what damage was caused during entry?

Which rooms were entered?

Have the police recovered any property? No Yes - Give Details

SECURITY DETAILS

Are any of these used to provide security to the premises?

Keyed window locks on all accessible windows	<input type="checkbox"/>
Double keyed deadlocks	<input type="checkbox"/>
Back to base (please attach activity report)	<input type="checkbox"/>
Grilles on all accessible windows	<input type="checkbox"/>
Perimeter Alarm	<input type="checkbox"/>
Internal Alarm	<input type="checkbox"/>
Fixed Safe	<input type="checkbox"/>
Free standing safe	<input type="checkbox"/>
None of the above	<input type="checkbox"/>
Did the device activate as a result of theft?	Yes <input type="checkbox"/> No <input type="checkbox"/>

ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE.

POLICE DETAILS

Have the Police been notified? No Yes - By whom?

Name Telephone No.

Police Station Date Notified

Crime Report Number

Please attach a copy of the Police Report if available

If the damage is a result of fire did the fire brigade attend? Yes No

DECLARATION AND AUTHORISATION

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 1. Date

Signature of Insured 2. Date