

# PROPERTY

**CLAIM REPORT**



## Please retain this page for your information

### ABOUT YOUR CLAIM

- Most policies allow for replacement of property with the nearest equivalent available or a cash settlement. Valuation figures and sums insured for jewellery and some other items are not agreed cash settlement amounts. They are maximum limits on the amount which may be claimed. Claims for jewellery and some other items are usually settled by replacement. We will advise you how we will settle your claim.
- We will contact you as quickly as possible about your claim.
- For many claims we will check the circumstances and damage before we authorise and pay for repairs.
- We may appoint a loss adjuster or investigator or contact you for more information.
- Please ensure you answer the GST questions at Q. 3 & Q. 14.

### DO NOT AUTHORISE REPAIRS YOURSELF

- If possible, retain any damaged items, as we may need to inspect them before settling your claim.
- Please attach an original quotation for repair or replacement of items. Quotations for replacement must be for property of equivalent style and quality to that which was lost or damaged or stolen.
- If possible, please attach proof of purchase, if items are no longer available for inspection.
- Please refer to your policy booklet for more information about how your claim will be handled.
- If you have any questions about your claim, please contact your local CGU Insurance office. The telephone numbers are:

Adelaide	(08) 8405 6300	Perth	(08) 9278 1333
Brisbane	(07) 3212 7878	Sydney	(02) 8224 4000
Launceston	(03) 6345 3500	Ballarat	(03) 5320 1444
Melbourne	(03) 9601 8222	Newcastle	(02) 4935 7100

### HOW YOU CAN RESOLVE A DISPUTE WITH US

Our dispute resolution system is free and works like this:

1. Please advise the staff at your local CGU Insurance office (phone numbers above) if you are dissatisfied with:
  - our decision on your claim,
  - our handling of your claim,
  - the services of our loss adjuster or investigator.
2. The staff member will try to resolve the problem.
3. If unable to resolve it, the staff member will refer it to the supervisor or manager, for immediate attention.
4. If this fails to resolve your problem, you may request that the problem be referred to a Dispute Resolution Officer. This Officer will investigate the dispute and try to reach a satisfactory outcome with you, normally within 21 days of the date you requested the service of a Dispute Resolution Officer.
5. If you do not accept our decision, you may take the problem to the **General Insurance Claims Review Panel**, for an independent investigation. The Panel can assist with private consumer and some small business type claims.

The telephone number for the Claims Review Panel is **1300 363 683**.

**More detailed information about this process is available from your local CGU Insurance office.**

# PROPERTY CLAIM REPORT

For Loss, Theft, Fire, Glass, Impact and Other Damage Claims

This form is for making claims for lost, stolen or damaged property. If your claim is for a motor vehicle, personal injury or illness or machinery, or if it is a claim on a travel policy, you need a different form. Ask our agent, your broker or your local CGU Insurance office for the right one.

**Please answer all questions. This will help us process your claim quickly.**  
**If you need more space to answer any of the questions, please use a separate sheet of paper.**  
**Any attachments will form part of this claim report and the declaration will include them.**  
**Ring your local CGU Insurance office to see if your claim can be settled by our**  
**RAPID Repair or QUICKGLASS service.**

**Office use only**

Alpha code	XS <input style="width: 30px;" type="text"/>	AD <input style="width: 30px;" type="text"/>	LE <input style="width: 30px;" type="text"/>
	MP <input style="width: 30px;" type="text"/>	Cause <input style="width: 30px;" type="text"/>	

1. Policy no. (from your schedule)      Expiry date

: :    : : : : : :    :	/ /
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2. Insured (surname, company or partnership)

Given name(s) of insured	Contact person (for company or partnership claims)

Occupation

3. Are you registered for GST purposes?

No  Yes  What is your ABN?

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?

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

4. Address

Postcode

5. Private telephone no.      Business telephone no.      Facsimile no.

( )	( )	( )
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6. When did the loss, theft or damage happen?

Date	Time	a.m. <input type="checkbox"/>	
/ /		p.m. <input type="checkbox"/>	

7. Please describe what happened.

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8. Address where loss, theft or damage happened

	Postcode
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Are you the only occupier of your premises?

No  Yes  If No, give details

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9. Who discovered the loss, theft or damage?

Name of person

Date discovered Time a.m.

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/	/	
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	p.m. <input type="checkbox"/>
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10. Do you know who is responsible for the loss or theft of, or damage to your property?

No  Yes  Name(s), address(es) and any other information about the person(s) responsible


11. Were there any witnesses to the loss, theft or damage?

No  Yes  Name of witness

Telephone no.

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( )
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▶ Address

	Postcode
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▶ Name of witness

Telephone no.

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( )
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▶ Address

	Postcode
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12. Were your premises broken into?

No  Yes  When were the premises last occupied?

Date Time a.m.

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	p.m. <input type="checkbox"/>
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▶ Were the premises securely locked?

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▶ How was entry gained (e.g. window broken, door forced)?

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▶ Have steps been taken to improve the security of your premises?

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**You must report any loss, theft or vandalism of property to the police.  
We may need to apply to the police for a copy of this report.**

13. Name of police station where you reported it

Name of police officer

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Police offence report no.

Date reported

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**You must report any loss caused by fire to the brigade.**

Name of fire station where you reported it

Date reported

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15. Is the property repairable?

Yes  Attach a quote for the repairs.

No  Attach original receipts, valuations, quote for replacement or a certification from an authorised repairer that the item is unrepairable.

16. Do you owe money on the property lost, stolen or damaged?

No  Yes  Lender's name Approx. amount owing  
 \$   
Address  Postcode

17. Some of the property lost, stolen or damaged may be covered under other policies, including health insurance. Please list any other insurance you have which might cover these items.

Name of the insurer	Policy no.	Type of insurance
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address  Postcode

18. Have you had any previous losses or made any claims for loss, theft or damage on any insurer in the past five years, whether you claimed for them or not?

No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us what happened	Value	Date of loss	Insurer
<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"/>

19. Has any insurer refused or cancelled cover or required special terms to insure you?

No  Yes  Tell us what happened

20. Have you been charged with, or convicted of, any criminal offence in the last ten years?

No  Yes  State details

## Declaration

### Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to CGU Insurance using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, CGU Insurance may not be able to process my claim.

\* I consent to CGU Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to CGU Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

**Signature of insured or person with authority to sign  
for and on behalf of a company or partnership**

**Date**

*\* This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.*

**Please indicate the number of additional pages attached to this claim report**

**When complete, please forward the report to:**

- CGU Insurance, GPO Box 9902 in the capital city of your state or
  - our agent or your broker or
  - your local CGU Insurance office.

**CGU Insurance Limited**  
ABN 27 004 478 371