

Lumley General Insurance

General Claim Form

Policy No. _____ Amount Insured _____ Claim No. _____
Insured's Name _____ Due Date _____
Address _____ Phone No. _____
Occupation _____

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

(a) Australian Business Number (A.B.N) if applicable

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

(i) insurance premium % and;

(ii) the property which is the subject of this claim %

Date of happening ____/____/____ Time ____am/pm Address of happening _____

How did loss or damage or accident occur? _____

If water damage, what was the source of the water and how did it enter the building? _____

Extent of loss or damage and description of property affected _____

If burglars or malicious persons involved, describe how building was entered and state damage caused to building _____

If articles lost or stolen, advise Police details: _____ Police Report No. _____

Where reported? _____ When? _____ Name of Policeman _____

How was the loss discovered and by whom? _____

When? ____/____/____

Name and Address of Party responsible for damage _____

Are you the sole owner of the lost or damaged property? (Mortgagee, etc.)? _____

State the total value of the property at risk at the time of the loss \$ _____

Do you hold any other insurance which would cover this loss? _____ If yes, name of company and amount _____ \$ _____

Please complete reverse side

