

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

DESCRIPTION OF PROPERTY LOST OR STOLEN	PRICE PAID	CURRENT REPLACEMENT COST	DATE OF PURCHASE	AMOUNT CLAIMED

DAMAGE TO PREMISES AND/OR CONTENTS	COST OF REPAIRS

Please enclose quotation for repairs or, if already repaired, the account.

Please make payment direct to

Privacy Statement

This information will be treated with confidentiality and will be only released as per the requirements of the General Insurance Information Privacy Principles. We collect and store the information for the sole purpose of maintaining your insurance details. If you require any further information, please contact your local Lumley state office.

I/We hereby declare the foregoing particulars to be true and correct.

Date / / Signature of Insured

The issue of this claim form is not an admission of liability on the part of the Company.

LUMLEY GENERAL INSURANCE LIMITED A.B.N. 24 000 036 279
New South Wales Lumley House, Level 9, 309 Kent Street, Sydney NSW 2000 Phone (02) 9248 1111 Fax (02) 9248 1122 ... **Parramatta** Blaxland House, 5-7 Ross Street, Parramatta NSW 2150 Phone (02) 9630 7090 Fax (02) 9630 6168...**Newcastle** 50 Glebe Road, The Junction NSW 2291 Phone (02) 4925 7500 Fax (02) 4940 0295 ...**Victoria** 179 Queen Street, Melbourne VIC 3000 Phone (03) 9607 1777 Fax (03) 9670 3312 ...**Australian Capital Territory** 40 Marcus Clarke Street, Canberra City ACT 2601 Phone (02) 6279 0333 Fax (02) 6279 0330 ...**Tasmania** 27 Paterson Street, Launceston TAS 7250 Phone (03) 6331 5844 Fax (03) 6331 1370 ...**South Australia** 465 Pulteney Street, Adelaide SA 5000 Phone (08) 8228 1700 Fax (08) 8228 1777 ...**Northern Territory** 84 Woods Street, Darwin NT 0800 Phone (08) 8941 7998 Fax (08) 8941 7950 ...**Western Australia** 50 St George's Terrace, Perth WA 6000 Phone (08) 9220 8222 Fax (08) 9220 8251 ...**Queensland** 307 Queen Street, Brisbane QLD 4000 Phone (07) 3231 4800 Fax (07) 3231 4899 ...**Townsville** Northtown Tower, Flinders Mall Townsville 4810 Phone (07) 4722 6000 Fax (07) 4724 4398