Momentum Insurance Brokers
PO Box 622, Applecross WA 6953
Website: www.momentuminsurance.com.au
Phone: (08) 9332 4833
Email: info@mibrokers.net.au
ABN: 49 166 196 676

AFS Lic.: 232987

Burglary, Theft & Money Insurance Claim

The supply or acceptance of this form is not an admission of liability on the part of the insurer.

Full Name

Address

Business Phone | Private Phone | Fax No.

Occupation/Bus/Industry/Trade

Name any other interested party | How interested

Address

Policy Number | Due Date

Is there any other Insurance in force which would cover this in whole or part Yes ☐ No ☐

If Yes, please advise in the space provided

Insurer's Name

Policy Details

What is your Australian Business Number (ABN)?

Are you registered for GST? Yes ☐ No ☐

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium? %

Details of Loss, Damage or Occurrence

Date of Loss / Damage / or Occurrence | Time

When was it reported to you (if applicable)? | Time

Place and/or premises where it occurred

Please state full details of how loss/damage/or accident occurred

Please describe nature of damage or injury

Where was entry gained into the premises?

How was entry gained into the premises?

Are there any signs of forced entry? Yes ☐ No ☐

If YES give details

When were the Police notified?

a) Time

b) Police station

c) Officers name

d) Police Report No.

Has the loss been advertised? Yes ☐ No ☐

If YES, give particulars and send a copy of the advertisement

When was the property last seen by you?

At the time of the loss, how long had the premises been unoccupied?

For money losses - where on premises, was the money taken?

Responsibility/Witnesses

In your opinion was any other person(s) responsible for loss or damage or cause of the Occurrence? If YES, please give full details. Yes ☐ No ☐

Full Name

Address

Business Phone Private Phone Fax No.

Reasons

Was there a witness or witnesses to this event? Yes ☐ No ☐

If YES, please give full details

Name of Witnesses

Address

Business Phone Private Phone Fax No.

Description of property loss or damage

Description	Sum Claimed $	To assist in assessing the loss the following information is requested.				
		Date of Purchase	From whom purchased	Purchase Price $	Replace Value $	*Input Tax Credit %
Total amount claimed						

*Please show the Input Tax Credit you are entitled to claim on the purchase of each item, as a percentage of the total GST payable.

Insurance History

Have you ever previously sustained loss/damage or caused damage or injury to 3rd parties? Yes ☐ No ☐

If YES, give details of such losses and amounts involved.

Was an Insurance Company involved? Yes ☐ No ☐

If YES, please state name of company and year of claim

Have you been convicted of or had any fines or penalties imposed for any criminal offences in the last 10 years? If YES, please provide details Yes ☐ No ☐

Privacy

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.

2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

3. I/We acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.

4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Date:_____ Signature:_____

How to Get Quick Action on Your Claim

1. Complete the attached form and return to our office. If an assessor is appointed, give them the forms.

2. Attach all **original** quotations or invoices obtained for replacement of or repair to the damaged or missing property. Photocopies are not accepted as a rule.

3. Attach **original** valuations and receipt of purchases whenever possible.

4. Advise the Police immediately in the event of loss by burglary, housebreaking, theft, suspected malicious damage. Also make sure the premises are secure to avoid further incidents.

Note: Police reports are very slow so if you can obtain one at the time the report is taken, then this will save valuable time or at least obtain a copy or report number.

5. Attach any letter of demand or other correspondence that you may receive from any Third Party.

6. Do not make any admission of liability for loss or damage caused by you to the Third Parties.

WHAT WE WILL DO - IF THE PAPERWORK IS CORRECT AND COMPLETE

- Submit the claim form to the Insurer
- If the claim has not been paid within 30 days we will contact the Insurer and then advise you accordingly
- We will then follow up the claim when necessary until settlement is reached, however, please feel free to call at any time

WHAT AN ASSESSOR WILL DO

- An assessor is an independent person who is appointed by the Insurer for their expertise in helping you finalise a larger or more difficult claim
- They will interview and obtain details of a loss and arrange for quotes and prepare the necessary paperwork
- The assessor is your contact point
- The assessor will write a report to the Insurer recommending a course of action
- This can take time depending on their work load and Police Reports
- The Insurer will not act until these reports are received and although not bound by the assessor recommendations, the Insurers usually accept these reports.
- If you are unhappy with any aspect of the claim, advise the assessor. If he is unable to correct the problem then contact us immediately. We will not know of any problem without being advised.
- If you are unhappy with the assessor's responses, contact us immediately.