

# Property Insurance Claim Form

Send to [claims@miramaruw.com.au](mailto:claims@miramaruw.com.au)



<input type="text"/>	
INSURED	
<input type="text"/>	
POLICY NUMBER	
<b>POLICY DETAILS</b>	
<b>PERSONAL DETAILS</b>	
<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME
<input type="text"/>	<input type="text"/>
TELEPHONE (DAY)	TELEPHONE (EVENING)
<input type="text"/>	<input type="text"/>
MOBILE	FAX
<input type="text"/>	
OCCUPATION	
<b>INSURED PREMISES</b>	
<input type="text"/>	<input type="text"/>
NUMBER, STREET ADDRESS	CITY / SUBURB
<input type="text"/>	<input type="text"/>
STATE	POSTCODE
<b>GST</b>	
What percentage of GST or Premium is/has been applied as an input tax credit?	<input type="text"/> %

<b>CLAIM PARTICULARS</b>				
<b>LOCATION / DATE / TIME / DESCRIPTION</b>				
<input type="text"/>	<input type="text"/>			
NUMBER, STREET ADDRESS	CITY / SUBURB			
<input type="text"/>	<input type="text"/>			
STATE	POSTCODE			
<input type="text"/>	<input type="text"/>	Date Damage Discovered	<input type="text"/>	
DATE (DD/MM/YY)	TIME (DD/MM/YY)		DATE (DD/MM/YY)	
Please describe what happened	<input type="text"/>			
Who discovered the loss or damage?	<input type="text"/>	<input type="text"/>		
	FIRST NAME	LAST NAME		
Do you consider any other party responsible for the loss or damage?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Were there any witnesses to the loss?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
At the time of the event, was any other insurance cover in force relevant to the event you are claiming for?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If 'Yes' please advise further:	<input type="text"/>			
If applicable:	<input type="text"/>	<input type="text"/>		
When were Police advised?	DATE (DD/MM/YY)	TIME (DD/MM/YY)		
Which Police Station?	<input type="text"/>	<input type="text"/>		
	POLICE STATION	CRIME REFERENCE NUMBER		



## IMPORTANT NOTES

If you have received estimates for the cost of repair or replacement of lost or damaged items, at the time of completing this form, these should be attached to this claim form.

If you have receipts for repair work already completed, please attach them to this claim form. Excess will be deducted from the total amount claimed.

Please do not destroy or dispose of the damaged property until we give permission, we may need to inspect it.

## PRIVACY

Lloyd's and its agent are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Private Sector) Act 2000 (the Act). This sets out the basic standards relating to the collection, use, disclosure and handling of personal information.

'Personal Information' is essentially information or an opinion about a living individual whose identity is apparent or can reasonably be ascertained from the information or opinion.

Information will be obtained from individuals directly where possible. Sometimes it may be collected indirectly.

Only information necessary for the arrangement and administration of Lloyd's business by Lloyds, its agents and their representatives will be collected. This includes information necessary to accept the risk, to assess a claim, to determine competitive and appropriate premiums.

Lloyd's and its agents disclose personal information to third parties who they believe are necessary to assist them in doing. These parties will only use the personal information for the purposes we provided it to them for (or if required by law).

When you give Lloyd's and its agents personal information about other individuals, we rely on you to have made or make them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information if you wish and request correction if required. You may also opt out of receiving materials sent by Lloyd's by contacting Miramar Underwriting Agency Pty Ltd on (02) 9307 6600.

Contact details for Miramar Underwriting Agency are:

**Miramar Underwriting Agency Pty Ltd**

Level 5, 97-99 Bathurst Street, Sydney NSW 2000

Phone +61 2 9307 6600

Fax +61 2 9307 6699

## IMPORTANT INFORMATION

### DECLARATION

I/We confirm that the information provided is true to the best of my/  
our knowledge and hereby claim the amount(s) shown above.

Candidate

NAME

TITLE

SIGNATURE

DATE (DD/MM/YY)

You should retain a copy of all information supplied to the insurers.

Please return your fully completed claim form to:- Your Broker.

Please use a separate sheet of paper if you need more space to complete any question.

NOTES

Large empty rectangular area for notes.