

GENERAL CLAIM FORM

If there is insufficient space on this form for your answers, please attach a separate sheet(s), indicating the Section and Question you are answering/providing additional information for.

YOUR PRIVACY

The Privacy Act 1988 (Cth) requires Guardian Insurance Brokers Pty Ltd to make the following disclosure before collecting personal information about you after 21 December 2001:

- Guardian Insurance Brokers Pty Ltd collects personal information in order to provide its various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- If the personal information Guardian Insurance Brokers Pty Ltd requests from you is not provided, Guardian Insurance Brokers Pty Ltd or any involved third party may not be able to provide the appropriate services.
- Guardian Insurance Brokers Pty Ltd discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs Guardian Insurance Brokers Pty Ltd may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, its advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process. By signing this form and continuing to deal with us, you confirm on your behalf and/or on behalf of those you represent consent to Guardian Insurance Brokers Pty Ltd and these parties collecting, using and disclosing personal and sensitive information about you.
- Guardian Insurance Brokers Pty Ltd has a duty to maintain the confidentiality of its client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of your personal information is with your consent or required by law.
- Guardian Insurance Brokers Pty Ltd may make use of your personal information to provide you with information about its products and services.

Further details on the Guardian Insurance Brokers Pty Ltd Privacy Policy are on our website: www.guardianinsurancebrokers.com.au

Contact Us

Simply contact the Guardian Insurance Brokers Pty Ltd Privacy Officer on the details below if you would like to:

- Access the personal information Guardian Insurance Brokers Pty Ltd hold about you
- Update or correct the information Guardian Insurance Brokers Pty Ltd holds about you
- Discuss your privacy concerns
- Be removed from the mailing list to receive information about Guardian Insurance Brokers Pty Ltd' products and services

Privacy Officer

E-mail: guardian@guardian.net.au

Telephone: (08) 8238 0100

Fax: (08) 8238 0111



Guardian Insurance Brokers Pty Ltd

AFS Licence No: 239120 ABN: 16 070 398 195

PO Box 640 Torrensville Plaza, SA, 5031

Phone: 1300 GUARDIAN Email: claims@guardian.net.au Web: www.guardianinsurancebrokers.com.au

Claim Number:

1. Policyholder

| | | |
|-------------------------------------|-----------------------------|---------------------|
| Full Name of Policy Holder/Insured: | | |
| Address of Policy Holder/Insured: | Phone (Bus Hours): () | |
| | Phone (After Hours): () | |
| | Mobile Phone: | |
| | Email: | |
| Insurer: | Policy Number: | Policy Expiry Date: |

2. General Details of Loss/Damage

| | |
|---|--|
| Location of loss/damage | |
| Date of loss/damage: | Approximate Time of loss/damage : AM PM |
| Was the loss/damage property subject to a Lease or an Agreement? Yes No | |
| If you answered 'yes' to the there being a Lease or an Agreement for the property, please provide full details: | |
| Was the loss/damage property covered under another insurance policy? Yes No | |
| If you answered 'yes' to the property being covered by another insurance policy, please provide full details below: | |
| What steps have been taken to recover the lost property or to minimise damage to the property? | |
| Provide a detailed description of the circumstances and cause of the loss/damage. | |

| | | |
|--|-------------------------|---|
| How was the loss/damage discovered? | | |
| Were the police notified? Yes No | Date of police report? | Approximate time of police report? : AM PM |
| Police Report Number? | Name of Police Station? | Name of Police Officer? |
| Has any property been recovered? Yes No | | |
| If any property has been recovered, please provide full details: | | |
| Was any other party responsible for the loss/damage? Yes No | | |
| If any other party was responsible for the loss/damage, please provide full details: | | |
| Has anyone been charged for the loss/damage? Yes No | | |
| If anyone has been charged for the loss/damage, please provide full details: | | |

3. Complete this section for Personal Valuables / Burglary / Theft

| | | |
|--|---------------------|--|
| How were the premises entered? | | |
| Were the premises occupied at the time of loss? Yes No | Date last occupied? | Approximate time last occupied? : AM PM |

4. Complete this section for Fire / Damage to Premises

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|--|
| Who was in the premises at the time of damage? |
| For what purpose? |

5. Complete this section for Transit Loss / Personal Baggage

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|--|
| What was the total value of goods carried? <i>(Note: Personal baggage claims must be accompanied by the original Policy document).</i> |
| \$ |
| If travelling by road/air/rail, please advise the name of carrier and tour agent. |

6. Statement of Claim

| Description of Property/Article lost, stolen, damaged or destroyed | Date of Purchase | Purchase Price (\$) | Replacement Cost (\$) | Net Amount Claimed (\$) |
|--|------------------|---------------------|-----------------------|-------------------------|
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7. Complete this section for ALL Claims – ABN Details

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| Are you a registered business? Yes No | If a registered business, what is your Australian Business Number (ABN)? |
| What percentage (%) of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred? | |

8. Declaration

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify the Insurer and Guardian Insurance Brokers Pty Ltd in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Full name of Claimant #1: _____

Signature of Claimant #1: _____ Date: _____

Full Name of Claimant #2: _____

Signature of Claimant #2: _____ Date: _____

Full name of Claimant #3: _____

Signature of Claimant #3: _____ Date: _____

Full Name of Claimant #4: _____

Signature of Claimant #4: _____ Date: _____

SCHEDULE

(1) Please complete for LOSS of Property:

| Description of Property for which loss is claimed | Date Of Purchase | Original Cost (\$) | Value at time of Loss – allowing for reasonable Depreciation (\$) | Value of Salvage – If Any (\$) | Amount of Loss or Damage Claimed (\$) |
|---|------------------|--------------------|---|--------------------------------|---------------------------------------|
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| TOTAL AMOUNT OF LOSS CLAIMED (\$): | | | | | |

(2) Please complete for DAMAGE to Property:

| Particular | Name of Repairer (Invoice/Quote) | Cost of Repairs (\$) |
|-----------------------------------|----------------------------------|----------------------|
| | | |
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| | | |
| TOTAL REPAIRS (\$): | | |
| TOTAL AMOUNT CLAIMED (\$): | | |

(3) Please complete for FUSION Damage:

| Machine/Appliance | Make | Date of Purchase | H.P. of Motor | Name of Repairer (Invoice or Quote Attached) | Cost of Repairs (\$) |
|---|------|------------------|---------------|--|----------------------|
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| TOTAL REPAIRS (\$): <i>(Note: To avoid delay, attach invoice giving the separate items of costs as certain item may not be claimable)</i> | | | | | |
| LESS EXCESS (\$): | | | | | |
| NET AMOUNT CLAIMED (\$): | | | | | |

(4) Please complete for THIRD PARTY claims:

| |
|--|
| Name: |
| Address: |
| Occupation: |
| Nature and extent of injuries/damage: |
| What relationship (if any) is there to you (eg. relative, employee, etc.)? |
| Have you received any correspondence from a third party(s)? If yes, please enclose them with this form. Yes No |
| Have you made any admission of liability? Yes No |
| Please provide additional information concerning your admission of liability. |