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## **COMMERCIAL PROPERTY CLAIM FORM**

### **Important Notes**

**Please read these guidance notes before completing the claim form. Where further information is required, please attached it to this claim form.**

This claim form must be typed, or completed in ink and signed and dated by such person (The Proposer) who must be of legal capacity. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay the process of the claim.

Should there be insufficient room on the claim form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number.

It is the duty of the Insured to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

### **Your Duty of Disclosure**

Consequences of Non-Disclosure of Misrepresentation – If you breach your duty of disclosure, the Insurer(s) may be able to refuse to pay a claim. The same applies where you have made a misrepresentation, if fraudulent (i.e. done deliberately for the purpose of obtaining insurance, or for obtaining it on favorable terms), the insurance company may be able to "avoid" your policy. This means that the insurance company can treat the policy as never having existed. Non-disclosure or misrepresentation in relation to one policy may affect your ability to obtain other insurance in the future.

If you are unsure whether some information may be disclosable or not, we suggest you call your insurance broker and seek guidance.

### **Privacy**

We are committed to protecting your privacy. We only use the personal information you provide to us to process the claim and insure this risk. We only provide your personal information to our Insurer(s) and Reinsurer(s) (and their representatives) and those we appoint to assist us with claims under your policy(ies). We do not trade, rent or sell your information. Some or all of the Insurer(s) and Reinsurer(s) may be overseas.

If you don't provide us with complete information, we cannot properly quote for your insurance and we cannot insure you. You can check the information we hold about you at any time.

For more information about our Privacy Policy, ask us for a copy.

Copies of the claim form should be retained for your own records.

## Client Details

Agent/Broker: \_\_\_\_\_ Due Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you registered for GST purposes? Yes  No

What is your ABN? \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_

Have you claimed, or do you intend to claim an input tax credit on the GST applicable to this policy?

No  Yes  → Is the amount claimed or intended No  Yes  → Specify the percentage \_\_\_\_\_%

to be claimed less than 100% of  
the GST applicable to the premium?

amount claimed or  
intended to be claimed for the item  
or items claimed

## Claim Details

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of Incident: \_\_\_\_:\_\_\_\_ am/pm

Where did the Incident occur? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe as fully as possible how the Incident occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you consider any other party responsible for the Incident: No  Yes  → If yes, please provide details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you the sole owner of the property lost or damaged? No  Yes  → If No, give full details of owner or

part owner: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you hold any other insurances under which a claim for this incident may be made? No  Yes  → If yes, please

provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you previously (in the last 3 years) made a claim against any insurance company? No  Yes  → If yes, please

provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Burglary, Theft & Malicious Damage Claims

**Note: Police compliant acknowledgement forms to be attached to all cases of theft or loss.**

Have Police been informed of the Incident? No  Yes

If yes, please provide details: Police Station reported to: \_\_\_\_\_  
Policy Report No: \_\_\_\_\_

If no, please give a reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the loss been advertised in the newspaper? No  Yes  → Please attach newspaper clipping

If no, please provide details of any other steps take to recover the article: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the method of entry and the damage caused to the building (e.g. window broken, door forced)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were the premises securely locked? No  Yes  → If No, give full details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have steps been taken to improve security of the premises? No  Yes  → If Yes, give full details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When were the premises last occupied?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who was on the premises at the time of loss?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who discovered the loss, theft or damage?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any witnesses to the loss, theft or damage? No  Yes  → If Yes, give full details (e.g. Name of witness, telephone numbers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Glass, Wash Basin and Lavatory Pan Breakage Claims Only

Was the glass, basin etc. cracked prior to the incident? No  Yes  → If Yes, give full details

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## Fire or Impact by Vehicle Claims Only

**Note: You must report any loss suffered caused by fire to the brigade**

Were the Fire Brigade informed of the incident? No  Yes

If Yes, give full details: Fire Station & Date reported to: \_\_\_\_\_  
Report Number \_\_\_\_\_

If no, please give a reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a dividing fence or party wall was damaged, please provide name and address of joint owner  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If damage was caused by a vehicle, please give details of owner/driver and vehicle registration details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Storm and Tempest and Water Damage Claims Only

**Note: Do not delay in taking necessary action, such as emergency repairs, to prevent further damage.**

What steps have been taken to minimize damage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the building been physically damaged? No  Yes  → If Yes, give full details (e.g. roof sheeting and/or tiles damaged)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there has been no physical damage to the building, please give details of how water entered the premises.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Evidence of Ownership and Value

Please attach your receipts or other documents to establish evidence of ownership and the value of each item. In cases of equipment or property e.g. bicycles, television receivers, please supply evidence of serial numbers for our confirmation to manufacturers and police. Damaged property must not be disposed of until authorised by the Underwriter.

WARNING: Willfull or reckless exaggeration or inflation of the amount claimed may forfeit the claim.

## Declaration – read carefully before signing

I/We declare that all the particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld, that no other person(s) have an interest of any kind in the said property and that all conditions and stipulation of the policy have been complied with.

I/We hereby claim from the Company in respect of the said loss, damage or accident and declare that the amount claimed above is based on a true value at time of the loss.

Authorised Signatory \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

# Property Claim Form

Item Number	Describe fully each item lost, damaged or stolen	Owner of each item	Name & address of the person/company from whom the item was received or purchased, if known	Month/Year received or purchased	Purchase Price	Input tax credit as a % of the total GST payable on each item	Total amount to claim for this Item
					\$	%	\$
					\$	%	\$
					\$	%	\$
					\$	%	\$
					\$	%	\$
					\$	%	\$
					\$	%	\$
					\$	%	\$
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					\$	%	\$
					\$	%	\$
					\$	%	\$
					\$	%	\$
					\$	%	\$
					\$	%	\$
						<b>TOTAL:</b>	<b>\$</b>