

### IN THE EVENT OF A CLAIM

- Take precautions necessary to ensure that no further loss or damage occurs to the property.
- No repairs are to be commenced without first obtaining consent from Longitude Insurance P/L.

### COMPLETING THIS CLAIM FORM

- Please answer every question relevant to this claim, provide full information and return this form to your Broker as soon as possible, together with any relevant photos and attachments.
- Incomplete, illegible or unclear answers could delay processing of your claim.
- If insufficient space is provided, please attach separate sheet(s) and sign and date each sheet.
- Contact Your Broker if you are unsure about any matters relating to completion of this form.

### AGENT OF THE INSURERS

In accordance with the requirements of the Corporations Act 2001 Longitude Insurance P/L in arranging or effecting this insurance, or dealing with or settling claims will be acting under an authority given to it by certain Insurers. Accordingly Longitude Insurance P/L will be acting as an agent of the insurers and not an agent of the insured.

### PRIVACY

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at [www.longitudeinsurance.com.au](http://www.longitudeinsurance.com.au)

**Please access and read this policy.**

If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us.

If you wish to access your file please ask us.

### GENERAL INSURANCE CODE OF PRACTICE

In accordance with our binding authorities, where we act on behalf of the insurer, we are bound by the General Insurance Code of Practice. The Code is designed to set minimum standards of practice and service in the insurance industry. Further information about the Code can be obtained from [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

### COMPLAINTS AND DISPUTES HANDLING

If you have any complaints about the products or services provided to you we have a complaints and internal dispute resolution process to try and resolve them as quickly as possible. Please contact us and tell us about your complaint.

If you are not satisfied with the outcome of this process we will provide you with information about the Financial Ombudsman Service (FOS) including their contact information, when you lodge your complaint with us or at any time upon your request.

## POLICY DETAILS

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

Policy No: \_\_\_\_\_ ABN: \_\_\_\_\_

To what extent can you claim an Input Tax Credit on your insurance premiums? \_\_\_\_\_ %

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## INSURANCE BROKER

Name of your Insurance Broker: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## DESCRIPTION OF LOSS

Day and Date of Incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time of loss: \_\_\_\_\_ am/pm

Please describe what happened:

At what address did the loss, theft or damage occur?

Who discovered the loss, theft or damage?

Date discovered: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time : \_\_\_\_\_ am/pm

Are you the owner of the property being claimed for:  
If "No" give details:

YES NO

Does any other party have an interest in the property being claimed for?  
If "Yes" give details:

YES NO

Is there any other Insurance policy which would cover this loss, theft or damage?  
If "Yes" give details:

YES NO

Do you know who is responsible for the loss, theft of or damage to your property?  
Please advise Name(s) and Address(es) of the person(s) responsible:

YES NO

**POLICE**

Was this loss, theft or damage reported to the Police?

YES NO

Date Reported:     /     /

Crime Report No:

Name of Police Officer:

Name of Police Station where loss, theft or damage was reported:

**Please attach a copy of the Police Report.**

If the damage is the result of fire did the fire brigade attend?

YES NO

**PLUMBING REPAIRS**

If your plumber has not already done so, please ensure that the following information is included on their account/invoice:

- Nature and cause of leak
- Composition of pipe (ie: Copper, PVC, Gal etc)
- Procedures undertaken

Details of charges including hourly rate, number of persons on the job (if more than one person in attendance, please explain the necessity for additional persons), and details of costs associated with:

- Search and find
- Plumbing repair
- Reinstatement

**ELECTRICAL DAMAGE (FUSION)**

Nature and cause of damage (brief explanation):

What does the motor operate?

Horse power/kilowatt rating:

Date of purchase:     /     /

Age of appliance/motor:

Is it under manufacturer's warranty?

YES

NO

**DETAILS OF PREVIOUS LOSS, THEFT OR DAMAGE**

Have you ever suffered any loss, theft or damage at this address or elsewhere in the last five (5) years?

YES

NO

If Yes, give details:

TYPE	DATE	AMOUNT
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$

Have you made a claim on any insurer for any of the above mentioned incidents?

YES

NO

INSURER	DATE	AMOUNT
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$

**DETAILS OF CLAIM (Please attach two repair quotations where available. If insufficient space please attach list)**

DAMAGE TO BUILDING		
PARTICULARS	NAME OF REPAIRER	AMOUNT CLAIMED
		\$
		\$
		\$
		\$
		\$
		\$

LOSS OR DAMAGE TO OTHER PROPERTY				
DESCRIPTION OF PROPERTY (Include Serial Numbers)	WHERE PURCHASED	WHEN PURCHASED	VALUE AT TIME OF LOSS	REPLACEMENT VALUE (Attach quotes)
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Where possible attach original invoices, receipts or other proof of purchase. This will help us in assessing your claim as quickly as possible.

**SUMMARY OF COSTING – BURST PIPE CLAIMS ONLY**

Strata Plan:  Invoice No:

Date:  Claim No:

Job Address:

Nature and Cause of Leak:

Composition of Pipe:

Procedures Undertaken:

Tracing Services: Invoice/Quote Attached:                      YES                      NO

TRADESMAN	RATES	NUMBER OF HOURS	COSTS (\$)
Plumber	Hrs @ \$		\$
Additional Plumber	Hrs @ \$		\$
Tiler	Hrs @ \$		\$
Labourer	Hrs @ \$		\$
Others:	Hrs @ \$		\$
<b>SUBTOTAL:</b>			

MATERIALS	COSTS (\$)
Plumbing	\$
Reinstatement	\$
<b>SUBTOTAL:</b>	\$
<b>TOTAL COSTS TRADESMAN AND MATERIALS</b>	\$

Please provide details of work necessitating attendance of additional plumbers:

SUMMARY OF COSTS		
Search and Locate	\$	
Plumbing Repair	\$	
Reinstatement	\$	
<b>TOTAL</b>	\$	

### ELECTRONIC FUNDS TRANSFER DETAILS

Following Longitude Insurance P/L's approval of your claim, your claim benefits can be transferred directly into your Bank Account.

Please provide the following details:

Name of Financial Institution:

Account Name:

BSB Number:

Account Number:

Bank SWIFT code (if required):

### DECLARATION AND AUTHORISATION

I/We declare that to the best of my knowledge and belief, the information provided on this claim form and in any attached documentation is true and correct and that I/We have not withheld any relevant information.

I consent to Longitude Insurance P/L or its agent using the personal information I have provided for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice; however, Longitude Insurance P/L or its agent may not be able to process my claim.

I consent to Longitude Insurance P/L or its agent disclosing my personal information to other insurers, an insurance reference service, claims adjusters, lawyers and other consultants or as required by law. I also consent to Longitude Insurance P/L or its agent disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

I/We acknowledge that I/We have read and understood the Privacy Statement and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim. I/We acknowledge that if I/We do not agree to the collection of this personal information then Longitude Insurance P/L or its agent will be unable to process my/our claim.

I/We authorise Longitude Insurance P/L or its agent to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured:

Date:

Name: (Please print)

Witness:

Date:

**Please note:** If the insured is a company, partnership or other business venture, this declaration must be made and signed by an authorised person.