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General Claim Form

INSURED'S STATEMENT TO COMPANY

This form should be completed and returned to the Company promptly.

Important Notice:

Every question must be answered fully. Incomplete answers and vague information will delay processing of your claim. If space is insufficient to provide information please use the reverse side of this form or additional sheets.

Policy No. EXPIRY DATE / /19

Name of Insured

Postal Address Postcode

Person to contact Telephone Nos: Business Private

GST INFORMATION

(a) What is your Australian Business Number (ABN)?

(b) Are you registered for GST Purposes? Yes No

(c) Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made? Yes No

(d) IF YES, what percentage of the GST did you claim or are you entitled to claim? %
(if the GST paid and your ITC entitlement are the same amount, the answer to this question is 100%)

1. When did the loss or damage occur?

2. Where did it occur?

3. Describe exactly what happened

4. Were there any witness? YES NO If YES, provide names and addresses

5. If claim is for burglary or theft, describe method of entry and state whether the premises were occupied at the time.

6. Have you notified Police? YES NO If YES answer question 7 – if NO-answer question 8.

7. Address of Police Station..... Date ReportedPolice Report No.

8. Please state why claim not reported to Police

IF POLICE TAKE PROCEEDINGS AGAINST OFFENDERS AND/OR RECOVER STOLEN/LOST PROPERTY, PLEASE NOTIFY COMPANY IMMEDIATELY.

9. Provide details of any Companies, organisations or persons other than yourself that may have an interest in the property, which is the subject of this claim e.g. Lessor, financier, etc.

10. Provide details of any other insurance that may provide cover for this claim.....

11. Is the property in the process of being sold? YES NO

12. Have you reported a claim to any Insurance Company during the past 5 years? YES NO

13. Have you ever had a claim declined? YES NO

NB. If the answer to any of the questions 11 to 13 is "Yes", then details are required.

DECLARATION

I/We declare that the information supplied on this form and in any attached documentation is correct and that I/we have not withheld anything material from the Company.

AND I/WE also agree to notify the Company immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of the Company to return the property or to refund the amount of money received by way of compensation in respect thereof.

"We consent to the collection, use and disclosure of personal information by ACE Insurance and their Service Providers in order to assess the claim. ACE Insurance complies with the obligations of the Privacy Act 2001 and the principles laid out in our privacy policy, which is readily available on request"

Witness: Signature

Signature of Insured

Name

Address

Date / /19

PLEASE COMPLETE SCHEDULE ON BACK OF THIS FORM

Only complete this column if the items being claimed for are used in connection with your GST registered business

Schedule of property lost or damaged

Item No.	Description of Property Damaged or Lost	Month and Year purchased or acquired	Original purchase price	Present replacement value in new condition/actual cost of repairs	Input tax credit claimable as a % of the total GST payable:	Amount Claimed \$
*All tax invoices or receipts must be submitted to the Company prior to settlement of the Claim						\$

Any further information you consider relevant:

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