

general claim form



Lumley General Insurance Limited, ABN 24 000 036 279, Lumley House Level 9, 309 Kent Street, Sydney 2000 Ph: (02) 9248 1111 Fax: (02) 9248 1122

Claims Procedure

This claim form is to be completed when Your Property has been lost, damaged, stolen or destroyed.

It may be necessary for You to arrange urgent temporary repairs to protect Your Property.

It is necessary for You to complete all Sections of this claim form. Please answer all parts of the appropriate questions relevant only to the type of claim that You are lodging. If there is insufficient space provided for any information requested or to be supplied, please supply these details on a separate sheet and attach to the claim form.

Please attach (or promptly supply) where possible the original repair invoice or quotations with this completed form as well as any notices to the Police for Property lost or stolen or any Malicious Damage.

On receipt of the above We will assess and administer Your claim in accordance with Your Policy. We will also keep You informed of any other requirements should they be required and we will keep you advised on the progress on the processing of Your claim.

If You have any queries on any of the information required on this form, please do not hesitate to contact Your Authorised Representative or Broker or Lumley Office.

Privacy

We respect your privacy and we comply with the Privacy Act and the National Privacy Principles. A copy of our Privacy Statement is available at any of our offices.

Complaints procedure

If you do not agree with any decision we make in relation to the Policy, please write to us stating what you disagree with and why. We will then resolve or attempt to resolve your complaint immediately, or we will refer the matter to our Internal Dispute Resolution Committee (IDRC).

If you are not satisfied with a decision by the IDRC, the matter may be referred to an independent dispute resolution body, Insurance Ombudsman Service Limited (IOS), provided the matter falls within their jurisdiction.

The Insurance Contracts Act 1984 (as amended) requires you to provide all information which Lumley may reasonably require, and stipulates that any omission may adversely affect the cover under your Policy.

If you would like more information on your Duty of Disclosure (or any other aspect), please contact your Authorised Representative, Broker or nearest Lumley office.

Insurance Ombudsman Service Limited (IOS)

Phone (Toll Free) 1300 78 08 08.

Online - www.insuranceombudsman.com.au

Email - ios@insuranceombudsman.com.au

Lumley General Insurance Limited

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291	Phone (02) 9248 1111 Phone (02) 4925 7500	Fax (02) 9248 1122 Fax (02) 4940 0295
VIC	Level 3, 99 King Street, Melbourne 3000	Phone (03) 8627 4333	Fax (03) 8627 4312
ACT	Level 4, Perpetual Building, 10 Rudd Street, Canberra City 2601	Phone (02) 6279 0333	Fax (02) 6279 0330
TAS	27 Paterson Street, Launceston 7250	Phone (03) 6345 4700	Fax (03) 6345 4711
SA	465 Pulteney Street, Adelaide 5000	Phone (08) 8228 1700	Fax (08) 8228 1777
WA	50 St George's Terrace, Perth 6000	Phone (08) 9220 8222	Fax (08) 9220 8251
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101	Phone (07) 3307 4800	Fax (07) 3307 4899
	Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 4722 6000	Fax (07) 4724 4398
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800	Phone (08) 8946 4600	Fax (08) 8946 4666

Click on the fields to complete online, then print and sign.

OR Print and complete all sections in black or blue pen.

1. Policy Details

Policy number

Claim number

Expiry date (dd/mm/yyyy)

Sum insured

2. Client Details

Insured's name

Policy number

Address

Suburb

State

Postcode

Phone number (h)

Phone number (w)

Occupation

Amount insured

Claim no.

Goods and Services Tax - to ensure you do not incur any unnecessary GST liabilities on this claim please advise your:

(a) Australian Business Number (ABN), if applicable

(b) entitlement to an Input Tax Credit in respect of:

(i) Insurance premium % and (ii) the property which is the subject of this claim %

3. Type of Damage or Loss

Date of happening (dd/mm/yyyy)

Time

am

pm

Address of happening

How did loss or damage or accident occur?

If water damage, what was the source of the water and how did it enter the building?

Extent of loss or damage and description of property affected

Have any temporary repairs been completed? If so, by whom and when?

If burglars or malicious persons involved, describe how building was entered and state damage caused to building.

If articles lost, stolen or damaged maliciously, Police details are required.

Police report no.

Where reported?

Date (dd/mm/yyyy)

Name of Policeman

How was the loss discovered and and by whom?

Date (dd/mm/yyyy)

Time

am

pm

If known, provide the name and address of party responsible for damage.

Are you the sole owner of the lost or damaged property? (or financed)

State the total value of the property lost or damaged at risk at the time immediately before the loss or damage to the items being claimed on.

Do you hold any other insurance which would cover this loss?

Yes

No

If yes, please provide name of company

Amount

\$

4. Particulars of Property being claimed

Description of property lost or stolen	Price paid	Current replacement cost	Date of purchase (dd/mm/yyyy)	Amount claimed
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$

Description of premises and/or contents damaged	Cost of repairs
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Please enclose the original quotation for repairs or, if already repaired, the original account.

Please make the payment direct to:

5. Declaration

I/We solemnly and sincerely declare:

1. That the information supplied on this Claim Form and Statement of Claim is true in every respect.
2. I/We understand that the claim may be refused if information is withheld, false, misleading or concealed.
3. That there was no other insurance covering this loss current at the date of this incident.
4. I/We acknowledge that this Claim Form is a Legal Document and as such may be used in any legal proceedings resulting from this claim.

Signature of Insured(s)

Date (dd/mm/yyyy)

Witness

Date (dd/mm/yyyy)