



**McCormick
Harris**
INSURANCE

ADVICE • SOLUTIONS • SERVICE

www.mccormickharris.com.au

Property Claim Form

Please answer all questions. This will help us process your claim quickly.

If you need more space to answer any of the question, please use a separate sheet of paper.

Any attachments will form part of the claim report and the declaration will include them.

PART A – COMPLUSORY FOR ALL CLAIMS.

The Insured

Policy Number (from your schedule)

Expiry date

Insured (surname, company, partnership)

Given name(s) of Insured

Contact Person (for company or partnership claims)

Address

Postcode

Email Address

Are you registered for GST purposes?

No

Yes

What is your ABN?

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

No

Yes

Is the amount claimed for or intend to be less than 100% of the GST applicable to the premium

Specify the percentage amount claimed or intended to be claimed

The Premises

Where did the loss of damage occur?

Address

State

Postcode

Describe the premises (i.e Home, Flat, Boarding House, Home Unit)

Are the premises tenanted? No Yes

If the tenanted, are the premises let furnished? No Yes

Were the premises occupied at the time of loss? No Yes

Was anyone other than the Insured or his/her immediate family at home at the time of loss?

No Yes Give details

Is any trade, business, or profession carried out at the premises?

No Yes Give details

Details of Previous Loss or Damage

Have you or anyone living permanently with you suffered any loss, damage or liability to you or your property in the last years? No Yes Give details

Describe the loss, damage liability	Date	Amount

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

No Yes Give details

Insurer	Date	Amount

Incident Details

Date of the incident Between the hours of am/pm am/pm

How did the damage/loss occur?

Was another person responsible for the damage? No Yes Give details

Name

Address

State Postcode

If damage is the result of fire, did the fire brigade attend? No Yes Give details

PART B – COMPLETE RELEVANT SECTIONS PERTAINING TO YOUR CLAIM.

Breakage of Glass, Basins, Toilet Bowls etc Please attach invoice or quotation

What was broken?

Was the break through the entire thickness of the material Yes No

Has the break been repaired? Yes No

Have you paid the account? Yes No

Fusion – (Damage by Electric Current to Motors)

Type of appliance to which motor is a part – please indicate if this appliance is built or transportable

How many kilowatts is the motor?

How old is the appliance in years?

Is the motor under warranty? No Yes

Has the damaged motor been repaired? No Yes

Is the appliance a swimming pool pump No Yes Is the pool above ground? No Yes

Has the motor been previously replaced? No Yes How long ago?

A full report from the electrical contractor who completed the repairs must accompany this form. Failure to provide this report may delay your claim.

Storm and Water Damage

Describe the damage

How did the Wind, Rain or Water enter the premises?

Is a make safe required? No Yes

Theft or Burglary- Please attach original purchase dockets, invoices or receipts. If you provide as much proof about owning items it will help us to process your claim quickly.

How was the premises entered and what damage was caused during entry?

Which rooms were entered?

Have the police recovered property? No Yes - Give details

ANY LOSS INVOLVING MALICIOUS DAMAGE, THEFT OF STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE

Police Details

Have the police been notified?	No	Yes	- By whom
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Telephone

Date notified

Crime report No.

Please attach a copy of Police Report, if available.

Is there any CCTV footage available?	No	Yes

PART C – COMPULSORY COMPLETION FOR ALL CLAIMS.

Details of Claim – Please attach quotation. If insufficient space please attach list and show total amounts only below	
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BUILDING

Particulars	Name of Repairer	Amount Claimed
TOTAL		

CONTENTS

Description of Property (include serial number and attach valuations)	Where Purchased (attach invoice)	When Purchased	Value at Time of Loss	Replacement Value (attach quotes)
TOTAL				

We are not responsible for payment of invoice, however, please indicate if you request payment to any other party.

Privacy

McCormick Harris Insurance includes information about how we manage your personal information in our Privacy policy located on our website www.mccormickharris.com.au or contact our Compliance Manager on 03 5438 1666 or email client.service@mhi.com.au for further information.

HEIC image files are not supported.

This restriction applies to images sent from Apple mobile devices.

To ensure compatibility, please adjust your camera settings by navigating to Settings > Camera > Formats and selecting "Most Compatible" rather than "High Efficiency".

Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I/we agree that, by submitting this form, the personal information I/we provide to your Insurer in this form or otherwise may be collected held, used and disclosed in the manner set out in our privacy policy found at www.mccormickharris.com.au, including for processing this claim.

Signature of the insured person with the authority to sign for
and on behalf of a company or partnership

Date

Signature of the Insured

Date

Please indicate the number of pages attached to this claim report

When complete, please forward the report to:

Email – claims@mhi.com.au

Or send it to

McCormick Harris Insurance

PO Box 100

Bendigo, VIC 3552