

PROPERTY CLAIM FORM

If there is insufficient room on this form for your answers, please attach a separate piece of paper indicating the Section and Question you are providing additional information for.

YOUR PRIVACY

The Privacy Act 1988 requires Barker Meier Insurance Brokers Pty Ltd ("Barker Meier") to make the following disclosure before collecting personal information about you after 21 December 2001:

- Barker Meier collects personal information in order to provide its various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- If the personal information Barker Meier requests from you is not provided, Barker Meier or any involved third party may not be able to provide the appropriate services.
- Barker Meier discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs Barker Meier may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, its advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process. By signing this form and continuing to deal with us, you confirm on your behalf and/or on behalf of those you represent consent to Barker Meier and these parties collecting, using and disclosing personal and sensitive information about you.
- Barker Meier has a duty to maintain the confidentiality of its client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of your personal information is with your consent or required by law.
- Barker Meier may make use of your personal information to provide you with information about its products and services.

Further details on the Barker Meier Privacy Policy are on our website: www.barkermeier.com.au

Contact Us

Simply contact the Barker Meier Privacy Officer if you would like to:

- Access the personal information Barker Meier hold about you
- Update or correct the information Barker Meier holds about you
- Discuss your privacy concerns
- Be removed from the mailing list to receive information about Barker Meier's products and services

Privacy Officer

E-mail: admin@barkermeier.com.au
Telephone: 1800 066 900
Fax: 08 8223 2700

PROPERTY CLAIM FORM

Claim Number:

1. Policy Details

Full Name(s) of Insured:	Address of Insured: Postcode Telephone Numbers: Business Hour (.....) After Hour (.....)	
Insurer:	Policy No:	Expiry Date: / / 20.....

2. General Details of Loss / Damage

Location of loss / damage	
Actual date of loss / damage / / 20.....	Approximate time of loss / damage am/pm
Was the lost/damage property: (i) subject to a Lease or an Agreement? (ii) Covered under another insurance policy?	<input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> YES <input type="checkbox"/> No If YES to either or both, please give details:	
What steps have been taken to recover the lost property or minimise damage to the property?	
Describe as fully as possible the circumstances and cause of the loss/ damage.	

<p>How was the loss/ damage discovered?</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>Were the police notified?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please state:</p> <p>(i) date of report: / /20</p> <p>(ii) approximate time of report: am / pm</p> <p>(iii) Name of Police Station:</p> <p>(iv) Name of Police Officer:</p>
<p>Has any property been recovered?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i></p> <p>.....</p> <p>.....</p>
<p>Was any other party responsible for the loss/ damage?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i></p> <p>.....</p> <p>.....</p>
<p>Has anyone been charged for the loss/ damage?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i></p> <p>.....</p> <p>.....</p>

3. Complete this section for Personal Valuables / Burglary / Theft

<p>How were the premises entered?</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>Were the premises occupied at the time of loss?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please state:</p> <p>(i) date last occupied: / / 20</p> <p>(ii) Approx. time last occupied: am / pm</p>

8. Declaration

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Barker Meier Insurance Brokers Pty Ltd in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Full name of claimant(s)
(please use block letters)

.....

.....

Signature(s)

..... Date: / /

..... Date: / /

..... Date: / /

SCHEDULE

(1) PLEASE COMPLETE FOR LOSS OF PROPERTY:-

Description of property for which loss is claimed	Date of Purchase or Acquisition	Original Cost	Value at time of Loss-allowing for reasonable Depreciation	Value of Salvage (if any)	Amount of Loss or Damage Claimed	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
TOTAL AMOUNT OF LOSS CLAIMED					\$	

(2) PLEASE COMPLETE FOR DAMAGE TO PROPERTY:-

Particular	Name of Repairer (Invoice / Quote)	Cost of Repairs	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL REPAIRS		\$	
TOTAL AMOUNT CLAIMED		\$	

(3) PLEASE COMPLETE FOR FUSION DAMAGE:-

Machine / Appliance	Maker	Date of Purchase	H.P. of Motor	Name of Repairer Invoice/Quote Attached	Cost of Repairs	
					\$	
					\$	
					\$	
					\$	
					\$	
TOTAL REPAIRS (Note: To Avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable)					\$	
LESS EXCESS					\$	
NET AMOUNT CLAIMED					\$	

(4) PLEASE COMPLETE FOR THIRD PARTY CLAIMS:-

Details of injury or damage to third parties:-

a) Name:

b) Address:
.....
..... Postcode

c) Occupation:

d) Nature and extent of injuries/damage:
.....
.....

e) Has the third party any relationship to you (eg. relative, employee)?
.....
.....

f) Have you received any correspondence from third parties? If so, please enclose them with this form.
.....
.....

g) Have you made any admission of liability?
.....
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