



PROPERTY CLAIM FORM

For Loss, Theft, Fire, Glass, Impact and Other Damage Claims

This form is for making claims for lost, stolen or damaged property. If your claim is for a motor vehicle, personal injury or illness or machinery, or if it is a claim on a travel policy, you need a different form.

Please answer all questions. This will help us process your claim quickly. If you need more space to answer any of the questions, please use a separate sheet of paper. Any attachments will form part of this claim report and the declaration will include them.

MGIB Reference [ ]

Policy No. [ ]

Insured Name [ ]

Contact Person/Address/Telephone Number [ ]

Are you registered for GST purposes?

No [ ] Yes [ ]

What is your ABN? [ ]

Have you claimed or intend to claim an input Tax credit on the GST component of the Premium applicable to this policy?

No [ ] Yes [ ] Will you be claiming an amount less than 100%?

No [ ] Yes [ ] Specify amount claimed

Are you entitled to claim an input tax credit For repairs or replacement of the item that Has been lost or damage?

No [ ] Yes [ ] Will you be claiming an amount less than 100%?

No [ ] Yes [ ] Specify amount claimed

Address [ ]

When did the loss, theft or damage happen?

Date [ ] / [ ] / [ ]

Time [ ] AM/PM

Please describe what happened

Multiple horizontal lines for describing the incident.

Address where loss, theft or damage happened

Are you the only occupier of your premises?

No  Yes  If no, give details

Who discovered the loss, theft or damage?

Name of person

Date discovered

Time

AM/PM

Do you know who is responsible for the loss or theft of, or damage?

No  Yes

→ Name(s), address(es) and any other information about the person(s) responsible

  

Were there any witnesses to the loss, theft or damage?

No  Yes

→ Name of witness/Telephone Number

Address

Were your premises broken into?

No  Yes

→ When were the premises last occupied?

Date

Time

AM/PM

Were the premises securely locked?

How was entry gained (EG window broken, door forced)?

Have steps been taken to improve the security of your premises?

**You must report any loss, theft or vandalism of property to the police.  
Your insurance company may need to apply to the police for a copy of  
This report**

Name of police station where you reported it

Name of police officer

Police offence report No.

Date reported

**You must report any loss caused by fire to the brigade**

Name of fire station where you reported it

Date reported

**DETAILS OF ITEMS/DAMAGE BEING CLAIMED FOR**

PLEASE NOTE: Completion of this part of the claim form is compulsory. Please attach quotations and if there is insufficient space please attached list and show total amounts only below.

**BUILDING**

Particulars	Name of Repairer	Amount Claimed
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

**CONTENTS**

Description of Property (Include Serial Number & attach valuations)	Where Purchased (attach Invoice)	When Purchased	Value at Time of Loss	Replacement Value (attach quotes)

Is the property repairable?

Yes  → Attach a quote for the repairs

No  → Attach original receipts, valuations, quote for replacement or a certificate from an authorised repairer that the item is unrepairable

Do you owe money on the property lost, stolen or damaged?

No  Yes  →

Lenders Name  Approx amount owing

Address

Some of the property lost, stolen or damaged may be covered under other policies, including health insurance. Please list any Other insurance you may have which might cover these items.

Name of Insurer  Policy No  Type of Insurance

Address

Have you had any previous losses or made any claims for loss, theft or damage on any insurer in the past five years, whether you Claimed for them or not?

No  Yes  → Tell us what happened

	Value	Date of Loss	Insurer
	\$	/ /	
	\$	/ /	
	\$	/ /	
	\$	/ /	
	\$	/ /	
	\$	/ /	
	\$	/ /	

Has any insurer refused or cancelled cover or required special terms to insure you?

No  Yes  → Tell us what happened


Have you been charged with, or convicted of, any criminal offence in the last ten years?

No  Yes  → State details


**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 consent to MGIB and my insurer using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, my Insurer may not be able to process my claim.

I consent to MGIB and my insurer disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to MGIB and my insurer also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signature of Insured  Date

**MGIB Contact details:**

P O Box 1136 Bunbury WA 6230 PH 08 9722 3700 FAX 08 9791 1635	P O Box 1735 West Perth WA PH 08 9213 9888 FAX 08 9481 4311	Free call: 1300 762 146 Email: info@mgib.com.au
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