

Claim Form



Executive Residence and Historic Property Insurance

Mansions of Australia Limited
ABN 15 096 726 895
AFS Licence No. 234437
Level 15, 60 Margaret Street,
Sydney NSW Australia 2000
GPO Box 5178, Sydney NSW 2001
Telephone: (02) 9256 8780
or 1300 738 308
Facsimile: (02) 9256 8781
Email: mansions@mansions.com.au

Underwritten by Certain Underwriters at Lloyd's

Filling in this form

Please answer all questions. Please tick (✓) appropriate boxes and provide details as requested. If there is not enough space provided to answer a question please complete Your answer on a separate sheet of paper and attach it to this form.

Help us to process your claim quickly

At Mansions of Australia we are proud of our claims service and we will act on your correspondence as soon as we receive this form. You can help us act quickly if you:

1. Make sure that you give us **ALL** details about your claim.
2. Send us the receipts you received when you bought the items that have been damaged, or any valuations you may have.
3. Send us at least two (2) quotations for the repair or replacement of the damaged property.
4. Tell the police immediately about any loss or damage which has been caused by burglary or theft, accidental loss, vandalism or malicious damage.
5. If at all possible, keep damaged items available so that we can inspect them.

Claim No.

1. Policy details

Full name(s) of Assured(s)

Policy No.

Expiry Date

 / /

Telephone No.

Business

Home

Mobile

Mailing address of Assured(s)

Do you claim an input tax credit on your home insurance premium?

YES

NO

If **YES** please give details:

your **ABN**

input tax credit

 %

Note: If you do not give us your ABN we may have to withhold tax on any monies paid for your claim.

Where did the loss occur?

Actual date of loss

 / /

Approximate time of loss

 am pm

Was any other party responsible for the loss or damage?

YES

NO

Please detail how the loss occurred

Has any of the property been recovered?

YES

NO

If **YES** please give details:

Has anyone been charged for the loss/damage?

YES

NO

If **YES** please give details:

All questions must be completed in full by the Assured



2. General details for ALL property loss claims

Are you the owner of the property lost or damaged?

YES

NO

If **NO** please give details:

Is there any other insurance cover in effect that covers all or part of this loss or damage?

YES

NO

If **YES** please give details:

Company

Cover

Date

3. Burglary/Theft claims

Were the police notified?

YES

NO

If **YES** please give details:

Date reported

 / /

Approximate time of report

 am pm

Name of police station and the officer's name

Crime Reference Number

How was entry to the premises gained?

4. Water damage claim

Is the damage related to a recent storm?

YES

NO

If **YES** please detail the damage sustained

If **NO** how did the damage occur

Did you take any action to minimise the loss?

YES

NO

If **YES** please give details

Have you arranged to obtain two (2) quotes to repair the damage?

YES

NO

If **NO** please make the necessary arrangements

Please detail the damage sustained

5. Third party (Public Liability) claims

What date was the incident reported to you?

NOTE: You must NOT admit that you are or believe you are liable.

Has any claim been made against you?

YES

NO

If **YES** please detail or attach a copy of any correspondence from the third party and/or their solicitor.

Have you admitted responsibility in ANY way?

YES

NO

If **YES** please give details of what you have said or done

Please give names and addresses of any witnesses to the alleged incident

Description of circumstances leading to claim



All questions must be completed in full by the Assured

6. Electrical Damage (Fusion) claim

What does the motor operate?

Is the appliance/motor under a manufacturer's warranty?

YES

NO

If YES please give details

What is the age of the appliance/motor?

7. Statement of claim

All questions must be completed in full by the Assured

Description of property/article including model number	Date and place of purchase	Purchase price	Replacement cost	Amount claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Additional space if insufficient in an earlier question

9. Declaration

I/We declare that the answers given on this claim form and the circumstances surrounding this claim are true and correct and I/We have not withheld any information relevant to the claim of which Mansions of Australia should be made aware.

I/We understand that to enable Mansions of Australia Limited to process any claim requests, it may disclose my/our personal information to an investigator, assessor, loss adjuster and/or reinsurer. The claim process may involve the collection of additional information regarding the claim from third parties (this may include police records). I/We consent to this collection and disclosure. I/We understand that I/we have rights to access my/our personal information held by Mansions of Australia Limited in accordance with the National Privacy Principles.

Signed by Assured(s)

1. / /

2. / /