



Community

Underwriting

Community Underwriting

Property Claim Form

About Community Underwriting

Community Underwriting Agency Pty Ltd (Community Underwriting) acts under a binding authority as Agent for Mitsui Sumitomo Insurance Company Ltd (MSI) to issue, vary and cancel policies on MSI's behalf. In all aspects of this Policy, Community Underwriting acts as an agent for MSI, the Insurer and not for the Insured.

About the Insurer

Mitsui Sumitomo Insurance Company Ltd (MSI) ABN 49 000 525 637 AFS License No. 2401816 is part of the Tokyo listed MS & AD Insurance Group with a global network of offices across 42 countries and regions.

Privacy

We seek at all times to comply with the Privacy Act 1988 and the Australian Privacy Principles therein. If We disclose personal information to You for any reason You must also act in accordance with and comply with the terms of the Privacy Act and the Australian Privacy Principles.

Purpose for collection of information:

The information contained in this document and any other documents provided to Us will be dealt with in accordance with our respective Privacy Policies.

Disclosure of Information that you provide to us:

We will only use the information in accordance with the terms of the Privacy Policies. Without limiting the application of the Policy We may disclose personal information to other individuals or organisations in connection with Your claim, including legal advisors, other parties, other lawyers, experts and witnesses, courts and tribunals and other organisations that need to be involved in the matter. By submitting Your notification and continuing to deal with Us You consent to Us and these parties collecting, using and disclosing personal and sensitive information about You for these purposes. By signing the claim form You are consenting to the above.

You warrant to us that where you provide us with personal information that you have collected from other individuals:

- that the information has been collected in accordance with the Privacy Act 1988.
- that We are authorised to receive that information from you and to use it for the purpose of providing legal claims management services and advice.
- You, and the person who provided You with the information, are aware and have complied with the Privacy Act 1988 and have notified the person about whom the personal information is collected of the collection use and disclosure of such information.

By executing the claim form You are indemnifying Us against any breach that arises directly or indirectly out of any act or omission of Your part which does not accord with the conduct required under the Privacy Act 1988.

Direct Marketing:

We do not disclose personal information that We collect to a third party for the purpose of allowing them to direct market their products and services unless You have given Us Your permission for Us to do this.

Cross Border:

We will share Your personal information with the Community Underwriting and the MS & AD Insurance Group of companies. Our data containing Your information is stored in Our data centre using dedicated hardware and network. We may also use Saas, Cloud computing or other technologies from time to time and Your information may be stored outside Australia.

We will not transfer personal information to a recipient in a foreign country unless We have appropriate protections in place as required by the relevant privacy laws. Your information will be stored on Our data base for such period of time as required by law.

Further information

If you would like further information, please review the full Privacy Policy at www.communityunderwriting.com.au and www.msi-oceania.com or if you have any complaints or concerns over the protection of the information you have given to us or that we have collected from others, contact:

Community Underwriting Agency Pty Ltd
P.O. Box 173, Balmain NSW 2041
Telephone 02 8045 2580

Mitsui Sumitomo Insurance Company Limited
Level 18, 1 Bligh Street
Sydney, NSW 2000
Telephone 02 9222 7600

GST and Insurance Requirements

If you are registered for GST purposes and have an entitlement to claim an Input Tax Credit (ITC) for GST paid on your insurance, you are required to inform your insurer, at or before the time of any subsequent claim, of the extent to which you are eligible to claim an ITC.

The amount that we are liable to pay under this policy will be reduced by the amount of any ITC that you are or may be entitled to claim for the supply of goods or services covered by that payment.

If you are liable to pay an excess under this policy, the amount payable will be calculated after deduction of any ITC that you are or may be entitled to claim on payment of the excess.

Complaints

Any enquiry or complaint relating to this insurance should in the first instance be referred to:

Complaints Manager
Community Underwriting Agency Pty Ltd
P.O. Box 173, Balmain NSW 2041

If this does not resolve the matter or You are not satisfied with the way a complaint has been dealt with, You should contact:

Mitsui Sumitomo Insurance Company Limited
Level 18, 1 Bligh Street
Sydney, NSW 2000
Telephone 02 9222 7600
Facsimile 02 9232 7006

Community Underwriting are specialists in charity insurance, not for profit insurance and insurance for community organisations. We offer a range of insurance solutions customised to meet the needs of community organisations, including P&C Association insurances.
Contact us today!

Call us: 02 80452580

enquiries@communityunderwriting.com.au

www.communityunderwriting.com.au

AFS No 448274 ABN: 60 166 234 715

Section 1

Policy Information

Policy Number: _____

Insured (Surname, Company, Partnership): _____

Given Name(s) of Insured: _____

Postal address: _____

Contact Person (for Company or Partnership claims): _____

Occupation: _____

Home Ph: _____ Business Ph: _____ Fax: _____

Mobile: _____ Email: _____

Preferred method of contact: _____

Are you registered for GST? Yes No

What is your ABN? _____

Have you claimed or do you intend to claim and Input Tax Credit on the GST applicable to this Policy? Yes No

Is this amount claimed or intended to be claimed less than 100% of the GST applicable to the Premium? Yes No

Specify the percentage amount claimed or intended to be claimed _____%

Section 2

Loss or Damage

Date and time of loss or Damage Date: ____ / ____ / ____ Time: _____ am/pm

Location of loss or Damage _____

Are you the only occupier of your Premises? Yes No

If No, give details of other occupants _____

Who discovered the loss or Damage? _____

Date and time loss or Damage was discovered Date: ____ / ____ / ____ Time: _____ am/pm

Were there any witnesses to the loss or Damage? Yes No

Name, address and contact details of witness one _____

Name, address and contact details of witness two _____

Were the Premises broken into? Yes No

When were the Premises last occupied? Date: ____ / ____ / ____ Time: _____ am/pm

Were the Premises securely locked? Yes No

How was entry gained? _____

Have steps been taken to improve security of the Premises? Yes No

Details of security upgrade _____

Name of police station that the incident was reported to _____

Date reported ____ / ____ / ____

Name of police officer _____ Police office report number _____

Section 2

Loss or Damage (cont'd)

In case of loss/Damage caused by fire please provide fire station details

Date reported to fire brigade Date: ____ / ____ / ____

Details of the loss _____

Section 3

Repair, Replacement or Settlement

Is the property repairable? Yes No

Are quotes for repairs attached? Yes No

If Property is unable to be repaired attach original receipts, valuations, quote for replacement or a certification from an authorised repairer that the item is unrepairable.

Do you owe Money on the Property lost or Damaged? Yes No

Lenders Name _____

Lenders address _____

Amount Owing \$ _____

Is any of the Property lost or Damaged covered under other policies, including health insurance? Yes No

Name of insurer _____ Policy Number _____

Type of insurance _____

Have you had a previous loss or made a claim for loss or Damage on any insurer in the past five years? Yes No

Tell us what happened – loss 1 _____

Date & value of the loss Date ____ / ____ / ____ Value \$ _____

Insurer _____

Tell us what happened – loss 2 _____

Date & value of the loss Date ____ / ____ / ____ Value \$ _____

Insurer _____

Section 3

Repair, Replacement or Settlement (cont'd)

Has an insurer refused or cancelled cover or required special terms to insure you? Yes No

If Yes, provide details _____

Have you been charged with, or convicted of, any criminal offence in the last ten years? Yes No

If Yes, provide details _____

Section 4

Comments

Section 5

Direct Deposit

Should any part of this claim be payable to you please provide your bank account details for direct deposit purposes.

Name of Account: _____

BSB: _____ A/C Number: _____

Bank Name: _____

Declaration

I declare that, to the best of my knowledge and belief, the information in this form is true and correct and I understand the claim may be refused or reduced if information is withheld.

I understand that I may have to provide relevant documentation to enable complete consideration of my claim.

I declare that I have read and understood the Privacy information and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this Form. Where personal information has been provided on someone else's behalf, that person has consented to this provision.

I consent to Community Underwriting, Mitsui Sumitomo and their agents using the personal information I have provided on this form for the purposes of processing my claim. Accordingly, I consent to Community Underwriting, Mitsui Sumitomo and their agents obtaining or disclosing my personal information as required with other insurers, insurance reference bureaus, credit reporting agencies, loss adjusters, investigators, lawyers or as required by law to do so.

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

Signature: _____ Date: ____/____/____

Please indicate the number of additional pages attached to this Claim Form: _____