

**Property Claim Form**

# About Community Underwriting

You warrant to us that where you provide us with

personal information that you have collected from other

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. 240816 is part of the Tokyo listed MS & AD Insurance Group with a global network of offices across 42 countries and regions.

# Privacy

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 Pri*-* vacy 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

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, in*-* cluding 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.

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 per*-* mission 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 cen*-* tre 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 for*-* eign 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.

Community Underwriting Agency Pty Ltd - AFS License No 448274 (Community Underwriting) acts under a binding authority as Agent for Mitsui Sumitomo Insurance Company Ltd (MSI) ABN 49 000 525 637 AFS License No. 2401816 to issue, vary and cancel policies on Mitsui’s behalf. In all aspects of this Policy, Community Underwriting acts as an agent for the insurer and not for the insured.

Further information

If you would like further information, please review the full Pri*-* vacy Policy at [www.communityunderwriting.com.](http://www.communityunderwriting.com/) au and [www.](http://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

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](mailto:enquiries@communityunderwriting.com.au) [www.communityunderwriting.com.au](http://www.communityunderwriting.com.au/)

AFS No 448274 ABN: 60 166 234 715

Sydney, NSW 2000

Telephone 02 9222 7600

Facsimile 02 9232 7006



Section1

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 methodof contact: Are you registered for GST? Yes No

What is your ABN?

Haveyou claimedor doyouintend toclaimand Input Tax Credit onthe GSTapplicable to this Policy? Yes No Is this amount claimed or intended tobeclaimedless than 100% of the GSTapplicable to the Premium? Yes No

Specify thepercentage amount claimedor intended tobeclaimed  ~~%~~

Section 2

Loss or Damage

Details of the Loss

Dateand time of loss or Damage Date: */ /* Time: am/pm Location of loss or Damage Are you theonly occupier of your Premises? Yes No

If No, give details of other occupants

Whodiscovered the loss or Damage?

Dateand time loss or Damagewas discovered Date: */ /* Time: am/pm Were there any witnesses to the loss or Damage? Yes No

Name, address andcontact details of witness one

Name, address andcontact 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? Havesteps been taken to improve security of the Premises? Yes No Details of security upgrade



Section 2

Loss or Damage (cont’d)

Name of police station that the incident was reported to

Date reported / /

Name of police officer Police office report number

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

Date reported to fire brigade Date: */ /*

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

Shouldany part of this claimbepayabletoyoupleaseprovide your bank account details for direct deposit purposes.

Nameof Account: BSB: A/CNumber: 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: