



Brecknock

Insurance Brokers
BUSINESS
FLEET &
PROFESSIONAL

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1st Floor 50 Hindmarsh Square Adelaide SA 5000
PO Box 6095 Halifax Street Adelaide SA 5001

General Claim Form Fusion/Machinery/Glass

(If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.)

YOUR PRIVACY

The Privacy Act 1988 requires BRECKNOCK INSURANCE BROKERS PTY LTD to make the following disclosure before collecting personal information about you after 21 December 2001:

- ◆ BRECKNOCK INSURANCE BROKERS PTY LTD collects personal information in order to provide it's various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- ◆ If the personal information BRECKNOCK INSURANCE BROKERS PTY LTD requests from you is not provided, BRECKNOCK INSURANCE BROKERS PTY LTD or any involved third party may not be able to provide the appropriate services.
- ◆ BRECKNOCK INSURANCE BROKERS PTY LTD discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs BRECKNOCK INSURANCE BROKERS PTY LTD may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, it's 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 BRECKNOCK INSURANCE BROKERS PTY LTD and these parties collecting, using and disclosing personal and sensitive information about you.
- ◆ BRECKNOCK INSURANCE BROKERS PTY LTD 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.
- ◆ BRECKNOCK INSURANCE BROKERS PTY LTD may make use of your personal information to provide you with information about its products and services.

Further details on the BRECKNOCK INSURANCE BROKERS PTY LTD Privacy Policy are on our website: www.brecknock.com.au

Contact us

Simply contact the BRECKNOCK INSURANCE BROKERS PTY LTD Privacy Officer on the details below if you would like to:

- ◆ Access the personal information BRECKNOCK INSURANCE BROKERS PTY LTD hold about you
- ◆ Update or correct the information BRECKNOCK INSURANCE BROKERS PTY LTD holds about you
- ◆ Discuss your privacy concerns
- ◆ Be removed from the mailing list to receive information about BRECKNOCK INSURANCE BROKERS PTY LTD' other products and services

Privacy Officer
BRECKNOCK INSURANCE BROKERS PTY LTD
1st Floor 50 Hindmarsh Square ADELAIDE SA 5000
PO Box 6095 Halifax Street ADELAIDE SA 5001

E-mail brecknins@brecknock.com.au
Telephone: 08 8413 6300
Fax: 08 8211 9838

Claim No:

1. Policy Details

Full Name(s) of Insured:	Address of Insured: Postcode..... Telephone No: A/H () B/H ()
Insurer:	Policy No:
	Expiry Date: / /

2. General Details Of Loss / Damage

Where did event occur?		
Date of Event	/ /20	Approx time of loss/damage am/pm
Brief description (including cause of loss or damage)	
Amount Claimed (as shown on Schedule on next page of this form)	\$	
Is any Third Party to blame for loss or damage?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give details)	
Have you received, or do you anticipate receiving, notice of any claim from or on behalf of Third Parties?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give details)	
Give details of all witnesses, if any:	Name	Address
 Postcode.....
Were the Police notified?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please state): Date of Report/...../..... Report Number: Name of Police Station:	
	Have you taken any action to recover or reduce your loss? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give details)	

3. Other Particulars

Name of Owner of property lost/damaged
Name of any other interested party
Details of any other insurances covering lost/damaged property

4. Complete for ALL claims - ABN Details

Are you a registered business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	What is your ABN?	ABN No:
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?%			

5. 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 BRECKNOCK 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)
Signature(s) 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**:-

Particulars	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					\$
LESS EXCESS					\$
NET AMOUNT CLAIMED					\$

(Note – To Avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable)

(4) PLEASE COMPLETE FOR **THIRD PARTY CLAIMS**:-

Details of injury or damage to third parties:-	
a)	Name
b)	Address
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?