



Brecknock

Insurance Brokers
BUSINESS
FLEET &
PROFESSIONAL

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Property Claim Form Burglary/Theft/Fire & Perils/Transit

(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 it's 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 it's 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 5000

E-mail breckins@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.....	
Insurer:		Policy No:	
Expiry Date: / /		Sum Insured: \$	
Telephone No: A/H (.....)		B/H (.....)	

2. General Details Of Loss / Damage

Location of loss/damage		
Actual date of loss/damage	/ /20	Approx time of loss/damage am/pm
Are you the owner of the lost/damaged property?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If no, please state name(s) and address(s) of all other parties and their interest in the property):</i>	
Was the lost/damaged property: (i) subject to a Lease or an Agreement? (ii) covered under another insurance policy?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes to either/both, please give details)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
What steps have been taken to recover the lost property or minimise damage to the property?	
Describe as fully as possible the circumstances and cause of the loss/damage.	
How was the loss/damage discovered?	
Were the Police notified?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please state):</i> Date of report/...../..... Approx. time of report: am/pm Report Number: Name of Police Station: Name of Police Officer:	
Has any property been recovered?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please give details)</i>	
Was any other party responsible for the loss/damage?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please give details)</i>	
Has anyone been charged for the loss/damage?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please give details)</i>	

