NRMA BUSINESS INSURANCE

Business Insurance Claim Form

Claim No.

Policy No.

Expiry Date / /

Excess $

THE COMPLETION OF THIS FORM AND ITS RECEIPT BY US IS NOT AN INDICATION THAT WE ACCEPT ANY LIABILITY.

PLEASE PRINT IN BLOCK LETTERS and answer all Questions ☑ where applicable (Provide full and complete answers). If a particular question does not apply, please write "Nil" in the space provided. If the space provided below is insufficient to advise all the details, please attach a separate sheet.

THIS FORM SHOULD BE COMPLETED AND RETURNED WITHIN 7 DAYS OF RECEIPT BY THE INSURED.

INSURED'S DETAILS

Name of Insured Mr Mrs Miss Ms _____

Address _____

_____ Postcode _____

Name of Business _____ Contact Name _____

Telephone No. _____ Mobile No. _____ Facsimile No. _____

Email Address _____

Site of Risk _____

(1) Are you registered for GST? No ☐ Yes ☐

(2) What is your Australian Business Number (ABN)? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(3) Are you entitled to any Input Tax Credit (ITC) if you repair or replace the property damaged? No ☐ Yes ☐

If "yes", what is your percentage entitlement? _____ %

(4) What was your 'Entitlement to an Input Tax Credit' (EITC%) on your premium payment for this policy? _____ %

DETAILS OF CLAIM

(1) What type of claim are you reporting? Fire ☐ Glass ☐ Burglary, Theft, Money ☐ Storm and Tempest ☐

(2) Have you previously reported this claim to us? No ☐ Yes ☐

If "yes", how? _____ **and when?** _____

(3) Date of loss or damage / / Time: am/pm Amount claimed $

(4) When was it discovered? _____

(5) Where did it occur? _____

(6) Has the incident been reported to the police? No ☐ Yes ☐ **If "yes", please advise:**

Name of Station Date reported __/__/__ Report No. _____

By Whom

(7) Were there any witnesses to the damage? No ☐ Yes ☐ **If "yes", please advise:**

Name of Witness _____

Address _____

(8) Name and address of any person(s) responsible and their relationship to you. _____

_____

(9) Have the repairs been carried out? No ☐ Yes ☐ **If "yes", please advise:**

Repairer's Name _____

(10) Has the repair account been paid? No ☐ Yes ☐

GENERAL INFORMATION

DETAILS OF LOSS OR DAMAGE

Please describe fully the extent of loss or damage:

_____

_____

DETAILS OF PROPERTY LOSS OR DAMAGE

A. Fire Claim Only

(1) Is there any structural damage? No ☐ Yes ☐

(2) Is the property now secure? No ☐ Yes ☐

If "no", please give details _____

(3) Have all necessary precautions been taken to avoid further loss or damage? No ☐ Yes ☐

If "yes", please give details _____

_____

(4) Did the Fire Brigade and/or Police attend? Fire Brigade No ☐ Yes ☐ Police No ☐ Yes ☐

If "yes", what is the cost? _____

B. Glass Claim Only

(1) Type of glass broken Window ☐ Door ☐ Shower Screen ☐ Other ☐ Give details: _____

(2) Is signwriting reinstatement necessary? No ☐ Yes ☐

If "yes", what is the cost? _____

C. Burglary, Theft and Money Claims Only

(1) Were the premises broken into? No ☐ Yes ☐

(2) What security was enforced at time of loss?

(a) Keyed window locks ☐ Bars fitted to all external windows ☐ Dead locks fitted to all external doors ☐

(b) Burglar alarm No ☐ Yes ☐

If "yes", give details: Make/type _____

Local noise/light maker ☐ Telephone dialler to monitoring company ☐ Securitel ☐

Direct private landline to monitoring company ☐

(3) Describe the means of entry _____

(4) Was the property in the open air at the time of loss? No ☐ Yes ☐

If "yes", where was the property situated? _____

(5) Was the money kept in a locked safe? No ☐ Yes ☐

If "yes", were the keys kept on the premises? _____

D. Storm and Tempest and Rainwater Claims Only

(1) Were immediate steps taken to prevent further damage? No ☐ Yes ☐

(2) Did the damage result from one storm? No ☐ Yes ☐

(3) Is the damage attributable to inadequate guttering/faulty or poor workmanship? No ☐ Yes ☐

STATEMENT OF CLAIM

* **If you are registered for GST and you are making a claim for any Item(s) used for business purposes, please insert Input Tax Credit % entitlement per item**

Items lost or damaged	Date of Purchase	Replacement Cost Price	Deduction for age, wear & tear	Value of salvage (if any)	Amount Claimed	*ITC %
					$	

Total Amount of Claim $

WHERE POSSIBLE, PLEASE ATTACH REPAIR/REPLACEMENT INVOICES AND/OR RECEIPTS.
PLEASE CHECK TO ENSURE ALL RELEVANT QUESTIONS HAVE BEEN ANSWERED.

DECLARATION

I/We declare that the said theft or loss occurred without my/our knowledge or consent.
I/We have not sought to benefit unjustly from this claim by fraud, wilful misrepresentation or exaggeration.
I/We declare that the information supplied on this claim form is true in every respect.
I/We consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my/our personal information to or coecting my/our personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

I/we agree that, by submitting this form, the personal information I/we provide in this form or otherwise may be collected, held, used and disclosed in the manner set out in our Privacy Policy. Where I/we have provided information about another individual, I/we confirm that I/we have provided notice to and obtained the consent of that individual in the manner required in the Privacy Policy.

Note: A copy of the Privacy Policy is on our website www.nrma.com.au/privacy or can be sent to you by contacting us on 132 132.

Signed _____ Date_____ / _____ / _____