

Commercial Property Claim Form

IMPORTANT NOTICE TO POLICY HOLDER.

It is essential that this form be returned directly to Ansvar Insurance, with all questions answered, at the earliest opportunity. Please print your answers and TICK where appropriate.

1. Policyholder details

Name/Business Name: Policy Number:

Address: State: Post Code:

Telephone: Home Telephone: Work Telephone: Mobile Email:

2. Date of loss (DDMMYY) / /

3. Nature of loss (burglary, fire, etc)

4. Address of the premises at which the loss was sustained

Address: State: Post Code:

5. Describe how the loss occurred

6. Was another person responsible for the damage to your property?

Yes No If yes, name and address of person responsible Name:

Address: State: Post Code: Telephone:

7. If burglary, method of entry

8. Damage caused by entry

9. Have the police been notified?

Yes No Which police station? Police report number

10. Goods and services tax To ensure you do not incur any unnecessary GST liabilities on this claim complete these details

Are you registered for GST purposes? Yes No What is your ABN?

If you have registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy? Yes No

Is the amount claimed less than 100% of the GST applicable to the premium? Yes No Specify the percentage amount claimed? %

11. Electronic Funds Transfer

Settlement of your claim may involve a cash settlement. Please complete the following if you are interested in an EFT Payment.

Account name

BSB number

Account number

12. Complete details overleaf before signing below

I declare that all the information I have given is true and correct.

Signature

Date (DDMMYY)

 / /

Name

Contact Us

Claims team:
Ansvr Insurance Limited
Level 5, 1 Southbank Boulevard
Southbank Vic 3006
Ph: 1300 650 540

All correspondence:
GPO Box 1655
MELBOURNE VIC 3001
Email: claims@ansvar.com.au

Privacy Act

The Privacy Act sets out how we are to collect, use, disclose and protect your personal information. It also describes the circumstances for you to access and, if necessary, correct your personal information. You may access your personal information by contacting the Claims Team on 1300 650 540 or claims@ansvar.com.au.

The information we collect is used to assist us to provide you with our general insurance products and to manage our relationship with you. At times we rely on third party suppliers (agents, lawyers, other insurance companies, assessors, investigators, loss adjusters, market research and mailing houses) to perform specialised activities for us. Your personal information may be provided to them so that they can carry out their agreed activities. They are bound by confidentiality and non-disclosure agreements and are prohibited from using the information for any other purpose. These service providers are aware of their obligations under the Privacy Act and the General Insurance Code of Practice.

1300 650 540 www.ansvar.com.au

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