Steadfast
STRENGTH WHEN YOU NEED IT

GENERAL CLAIM ADVICE

Personal ☐ **Commercial** ☐

Loss Type ……..

gyb™ INSURANCE BROKERS
We've got your back

Pursuant to the Privacy Act 1993 the following is brought to your attention:

(a) This claim form collects personal information about you;

(b) The information is collected to evaluate your claim;

(c) The intended recipient of the information is: The Insurer named below (hereinafter called "the Company") and is being held by them at their Head Office

(d) The collection of this information is required pursuant to the terms of your insurance policy;

(e) The failure to provide this information may result in your claim being declined;

(f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

A. POLICY HOLDER

Full name of insured: Mr/Mrs/Miss/Ms ……

Postal Address …….. Telephone Day ……..

Occupation …… Employer …….. Night ……

Email

Bank Account Number for Direct Credit Payment

B. CIRCUMSTANCES OF LOSS. PLEASE COMPLETE IN ALL CASES

1) Date: ……/……/20…… Day: …… Time: ……

2) Where did loss occur? ……

3) Please explain what happened:……

……

……

……

……

4) Is there any other insurance with any Company relating to this loss. If so, Give particulars: ……

……

5) If loss caused by another person please give name and address: ……

……

6) Have you, within the past 5 years, made a claim against any Insurance Company? If so, please supply details including Company name……

……

C. COMPLETE IN ALL CASES RELATING TO PROPERTY LOSS OR DAMAGE

1) Are you the sole owner of the property concerned? Yes ☐ No ☐

If No, Supply details of other interest and party concerned: ……

……

To which Police Station was it reported? …… Date Reported ……

Acknowledgement form attached. Yes ☐ No ☐

If burglary, state means of entry to premises …

……...

3) Have you taken any action to mitigate/reduce the loss/damage Yes ☐ No ☐

If Yes, supply details of action undertaken and/or costs incurred

…….....

…….....

2) If burglary, loss, or theft claim

To which Police Station was it reported? …… Date Reported ……

Acknowledgement form attached. Yes ☐ No ☐

If burglary, state means of entry to premises …

……...

E. PUBLIC LIABILITY

1) Name and address of owner of property damaged ……

Phone No: …… Insurance Co: …….. (if known)

Was the owner known to you? …… In what capacity ……..

2) Has a claim been made on you? Yes ☐ No ☐

If 'Yes' advise details ……..

……..

3) Names and addresses of witnesses of accident

Name: …….. Phone: ……

Name: …….. Phone: ……

PROPERTY SCHEDULE

N.B. In the case of loss, please attach proof of ownership/purchase receipts and quotes for replacement cost to save delays.

Description of property lost or damaged (State each article/item separately)	Date Purchased & Price	Present Cost of Replacement	Depreciation for Age & Condition	Value of Salvage (if any)	Amount Claimed

				TOTAL	

DECLARATION: Note: Failure to provide full and truthful information could result in the Claim being declined.

1) I/We agree to The Company disclosing my/our personal information regarding this claim to:

(a) Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) where it will be retained and made available to other insurance companies to inspect.

(b) Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.

(c) I/We understand that I am/We are entitled to have certain rights of access to and correction of the personal information held by The Company and ICR Ltd.

2) I/We agree to The Company obtaining personal information about me/us that is, in The Company's view, relevant to this claim.

(a) From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR Ltd) Which holds details of claims made by me/us under policies with other insurers.

All the information and answers (whether written or oral) given to The Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorize The Company to act on my/our behalf.

Insured Signature ……..…. Date: ……

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(If company, state capacity)