



Arcadia

Underwriting Agency



Home and/or Contents Claim Form

If you wish to submit a claim for a loss, theft or damage property please complete this form. Please ensure you complete all below fields as this will assist us to process your claim in a timely manner. Not all sections may be applicable to your claim, please fill out those that are.

Policy Number:

Policy Expiry Date:

1. Policy Holder Details

Mr	Mrs	Miss	Ms
Given Name (s)			
<input type="text"/>			
Surname			
<input type="text"/>			
Street Address			
<input type="text"/>			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

If your postal address is the same as your street address please tick the box

Postal Address

State

Postcode

Email

Do you wish to only be contacted by email

Yes

No

Mobile Number

Phone Number

Company Name (if applicable)

ABN (if applicable)

2. Disclosure

Arcadia relies on the information you provide us with, therefore please ensure when completing this form that you are honest and accurate and tell us anything that you or a reasonable person in your circumstance would be expected to know. It is important that you understand that you are answering for yourself and anyone else to whom these questions apply to. If you fail in your duty of disclosure we reserve the right to reduce or deny any claim you make or cancel your policy. If you fraudulently keep information from us or deliberately make false statements, we may void your contract and treat your insurance as if it never existed. Do you understand your duty of disclosure? Yes No

3. Policy Address (where the damage or loss has occurred)

If the Policy Address is the same as above please tick 'Yes', if 'No' please provide details below Yes No

Unit/Street Number Street Name

Suburb State Postcode

4. Registered GST

Are you registered for GST purpose? Yes No

If yes, please state your ABN:

Have you claimed or intend to claim an input tax credit on the GST applicable to this policy? Yes No

Is the amount claimed or intend to be claimed less than 100% of the GST applicable to the premium? Yes No

Please specify the percentage amount claimed or intended to be claimed

%

Are you entitled to claim an input tax credit for repairs or replacement of the damaged item(s)? Yes No

Is the amount claimable less than 100% Yes No

Please specify the percentage claimable

%

5. Incident Details

Please provide the following details of the loss, theft or damaged incident?

Date: Time:
 am/pm

Address where the loss, theft or damage occurred?

Unit/Street Number Street Name

Suburb State Postcode

Please provide a detailed description of what has occurred?

Are you the only occupier of the property? Yes No

If no, please provide details

Name:

Mobile:

Who discovered the loss or damage?

Name:

Date: Time:
 am/pm

Do you know who was responsible for the loss or damage, Yes No

if yes, please provide details

Name:

Mobile:

Address (if known):

Were there any Witnesses? Yes No

Name:

Mobile:

Name:

Mobile:

Was the property broken into? Yes No

Date: Time:

am/pm

Was the premises securely locked? Yes No

How was the entry gained? Forced door
Broken Window
Other

Was the incident reported to the Police? Yes No

If loss, theft of the property has occurred, you must report this to the Police, please ensure you obtain a copy of the report.

Name of Police Station incident was reported to:

Name of Police Officer:

Police report number: Date reported:

Was the Fire Brigade notified of the incident? Yes No

Name of the Fire Brigade: Date reported:

6. Policy Holder Disclosure (please tick the appropriate box)

Fraud and Dishonesty Disclosure:

Has anyone to be named insured ever had a claim refused or declined for fraud or dishonesty? Yes No

Bankruptcy, Part 9 Debt Agreement and Judgement Disclosures:

In the last 5 years, has anyone to be named insured been declared bankrupt, or entered into a Part 9 debt agreement whether voluntary or not, or had any other default judgement registered against them? Yes No

Criminal Convictions:

In the last 5 years, has anyone to be named insured had any criminal convictions? Yes No

7. Repairable and Owning Money

Is the property repairable? Yes would you like Arcadia to appoint a repairer/supplier
No please attach quotes

If your property is **not repairable** please provide original receipts, valuations, quote for replacement or a certification from an authorised repairer that the item is unrepairable.

Do you owe money on the property lost, stolen or damaged? Yes No

If yes, please provide the below details

Lender's name: Approx. Amount Owning \$

Address: Postcode:

8. Description of Loss, Stolen or Damaged Property

For all other claims (excluding Rent of Loss) please complete the following table stating your Loss, Stolen or Damaged Property following the example below

Item No.	Item Description	Details of where the item was received or purchased, received or purchased			
		if known	Month/Year purchased	Purchase Price \$	Amount Claimed \$
1	Outdoor Living 4 piece Furniture	Bunnings	01/11/2012	5,000.00	5,000.00
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Total	<input type="text"/>

9. Supportive Documentation

To ensure unnecessary delays in the processing of your claim, please provide any documentation that will assist your claim; example list below (but not exhaustive)

- Ownership of all property being claimed (original invoices, owners manuals, receipts etc.)
- Photos of the items loss, stolen or damaged (if damaged, pre and post photos would assist).
- Replacement/Repairing documentation (original invoices, receipts, quotes to repair – if quotes are obtained please ensure they provide a breakdown of what work is to be completed, by whom it will be completed, hours and cost of labour, cost of parts and also the type of item being repaired.

Please attach all supportive documentation to the claim form and send to Arcadia. Please see the last page for postal and email details.

10. Claims History

In the last 5 years has any person listed on the Certificate of Insurance, made a claim and/or suffered any incidents.

Yes No If yes, please provide the following details

Date of Loss	What has occurred?	Amount \$	Name of the Insurer?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has any insurer declined to insure you, declined renewal or required agreement to special conditions being noted?

Yes No If yes, please provide the following details

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

11. Authority for Agent to Act

If you request for a third party (who is not listed on the Policy) to act on your behalf in lodging this claim, please provide your authorisation and their details below. Once authorisation has been given, the third party will be the point of contact throughout the entire claim investigation process.

I

hereby authorise for

to act on my behalf in all matters involving this claim with Arcadia.

Third Party's name:

Postal Address

State

Postcode

Email

Mobile Number

Policy Holder's Signature

Date

12. Disclaimer

Arcadia will endeavour to respond to claims as quickly as possible, however the timeframe in determining the outcome of a claim can vary due to obtaining information and other contributing factors.

Arcadia is bound by the Australian Privacy Principles (APPs) under the Privacy Act 1998 (Cth) and comply with the Privacy Act 1988 (Cth). Arcadia is committed to ensuring that all our business dealings comply with APPs and acknowledge the importance of keeping personal details for individuals confidential and secure. Arcadia collect personal information for the purpose of providing insurance, including arranging insurance, policy administration and claims handling.

13. Declaration

I declare that I have completed this form having a clear understanding of my duty of disclosure. I have upheld my duty by providing accurate and honest information.

By submitting this form, I/we understand all information provided will be protected under the Australian Privacy Principles of the Privacy Act 1998 (Cth).

Signature of the Insured, agent to act on behalf of the Insured/Company.

Name: (please print)

Signature:

Date:

Please complete all necessary fields, once complete please send to

Post: Level 3, 342 Flinders Street, MELBOURNE VIC 3000

Email: claims@arcadiaunderwriting.com.au

Phone: The option of lodging a claim over the phone is available please call 1300 CALL AUA (225528) and follow the prompts for claims.