# Home Insurance

Claim Report





#### Please retain this page for your information

## About your claim

- Most policies allow for replacement of property with the nearest equivalent available or a cash settlement. Valuation figures
  and sums insured for jewellery and some other items are not agreed cash settlement amounts. They are maximum limits on
  the amount which may be claimed. Claims for jewellery and some other items are usually settled by replacement. We will
  advise you how we will settle your claim.
- We will contact you as quickly as possible about your claim.
- For many claims we will check the circumstances and damage before we authorise and pay for repairs.
- We may appoint a loss adjuster or investigator or contact you for more information.
- Please ensure you answer the GST questions at Q. 3 & Q. 14.

#### Don't authorise repairs yourself

- If possible, retain any damaged items, as we may need to inspect them before settling your claim.
- Please attach an original quotation for repair or replacement of items. Quotations for replacement must be for property of
  equivalent style and quality to that which was lost or damaged or stolen.
- If possible, please attach proof of purchase, if items are no longer available for inspection.
- Please refer to your policy booklet for more information about how your claim will be handled.
- If you have any questions about your claim, please contact CGU Insurance office on tel 13 24 80 (13 CGU 0).

## How you can resolve a dispute with us

Our dispute resolution system is free and works like this:

- 1. Please advise the staff at your CGU Insurance office on 13 24 80 if you are dissatisfied with:
  - · our decision on your claim,
  - · our handling of your claim,
  - the services of our loss adjuster or investigator.
- 2. The staff member will try to resolve the problem.
- 3. If unable to resolve it, the staff member will refer it to the supervisor or manager for attention. A decision concerning your complaint will be made within 15 business days of receipt..
- 4. If this fails to resolve your problem, you may request that the problem be referred to our internal dispute resolution staff. They will investigate the dispute and try to reach a satisfactory outcome with you, normally within 15 business days of the date you requested a referral.
- 5. If you do not accept our decision, you may take the problem to the **Financial Ombudsman Service (FOS)**, for an independent investigation. The FOS can assist with private consumer and some small business type claims.

The telephone number for the Financial Ombudsman Service is 1300 780 808.

More detailed information about this process is available from your CGU Insurance office.

## **Home Insurance Claim Report**

For Loss, Theft, Fire, Glass, Impact and Other Damage Claims

This form is for making claims for lost, stolen or damaged property. If your claim is for a motor vehicle, personal injury or illness or machinery, or if it is a claim on a travel policy, you need a different form.

Ask our agent, your broker or your CGU Insurance office for the right one.

Please answer all questions. This will help us process your claim quickly.

If you need more space to answer any of the questions, please use a separate sheet of paper. Any attachments will form part of this claim report and the declaration will include them.

						Office use only	7					
1.	Policy no. (from your schedule)		Expiry date		Alpha	XS AD	LE					
1.			/	/	code	MP Cause						
		:	/	/								
2.	Insured (surname, company or partner	ership)										
	Given name(s) of insured			Contact pers	on (for com	oany or partnership claims	s)					
	.,			·			•					
	Occupation											
	- Cosapanon											
3.	Are you registered for GST purpos											
	No Yes What is your ABN	1?	: : : :	: : : :	: :							
	Have you claimed or do you intend to					to this policy?  Specify the percentage						
	No Yes Is the amount cla	imed or in 100% of	tended to be the GST app	No licable	Yes	%						
	to the premium?					amount claimed or intended to be claimed						
4.	Address											
						Р	ostcode					
5.	Private telephone no.	Business	telephone no	0.	Facsimile r	Facsimile no.						
	( )	( )			( )							
6.	When did the loss, theft or damage h	nappen?										
	Date Time	a.m.										
	1 1	p.m.										
7.	Please describe what happened.											

8.	Address where loss,	, theft or damage happened				
		Postcode				
	Are you the only occ					
		If No, give details				
_						
9.	Who discovered the Name of person	loss, theft or damage?		Date discovered	Time	a.m.
	ramo or porcorr			/ /	111110	p.m.
				, ,		р.п.
		responsible for the loss or theft o Name(s), address(es) and any ot	f, or damage to your property? her information about the person(s	) responsible		
	,	esses to the loss, theft or damage	e?	<b>-</b>		
	No Yes	Name of witness		Telephone no.		
				( )		
		Address				
					Postcode	
		Name of witness		Telephone no.		
				( )		
		Address				
	,				Postcode	
12.	Were your premises					
	No Yes	When were the premises last occurrence Date Time	cupied? a.m.			
		/ /	p.m.			
		Were the premises securely lock				
		were the premises securely lock	eu:			
		How was entry gained (e.g. wind				
		Have steps been taken to impro-	ve the security of your premises?			
	_					
			theft or vandalism of property t y to the police for a copy of this			
12	Name of police stati	ion where you reported it	Name of police officer			
13.	Name of police stati	on where you reported it	Name of police officer			
	Dallas affaras anno	A	Data was astad			
	Police offence repor	t no.	Date reported			
			/ /			
		You must report a	ny loss caused by fire to the brig	jade.		
	Name of fire station	where you reported it	Date reported			
	Traine of the Station	whole you reported it				
			/ /			

												↔

After completing 'Description of items' please continue on the next page. 13

If you need additional space, please attach a list describing each item.

Total

15.	is the p	roperty re	epair	able?								
		Yes		Attach a quote for the repair	s.							
		No		Attach original receipts, valu the item is unrepairable.	ations, quot	te for rep	acement o	r a certi	fication fr	om a	n authorised re	pairer that
16.	Do you	owe mon	ey or	n the property lost, stolen or	damaged?							
	No	Yes		Lender's name	Approx. amount owing							
										\$		
				Address								
											Postcod	e
17.				erty lost, stolen or dama				other	policies	, inc	cluding health	insurance.
	Name o	of the insu	rer				Policy no.				Type of insura	nce
	Addres	S										
											Postcode	е
				vious losses or made any cla for them or not?	aims for loss	s, theft or	damage o	n any in	surer in tl	ne pa	st five years,	
	No	Yes		Tell us what happened		Value		Date o	of loss	-	Insurer	
						\$		/	/			
						\$		/	/			
						\$		,				
						\$		/				
						\$		/				
						\$		/				
						\$						
						Ф		/	/			
19.	Has an	y insurer r	efus	ed or cancelled cover or req	uired specia	al terms t	o insure yo	u?				
	No	Yes		Tell us what happened								
20.	Have yo	u been cl	narge	ed with, or convicted of, any	criminal off	ence in th	ne last ten y	/ears?				
	No	Yes		State details								

#### **Declaration**

#### **Declaration**

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance Limited in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this claim.

for and on behalf of a company or partnership	Date			
		/	/	

Signature of incured or person with authority to sign

Please indicate the number of additional pages attached to this claim report

### Contact details

CGU Insurance GPO Box 2852 Melbourne VIC 3001

13 24 80 (13 CGU 0)

claims@cgu.com.au

cgu.com.au

