Property Insurance Claim Form

Send to claims@miramaruw.com.au

MIRAMAR

INSURED	
POLICY NUMBER	

POLICY DETAILS

PERSONAL DETAILS

FIRST NAME	LAST NAME
TELEPHONE (DAY)	TELEPHONE (EVENING)
MOBILE	FAX
OCCUPATION	

INSURED PREMISES

NUMBER, STREET ADDRESS	CITY / SUBURB
STATE	POSTCODE

GST

What percentage of GST or Premium is/has been applied as an input tax credit?   %

CLAIM PARTICULARS

LOCATION / DATE / TIME / DESCRIPTION

NUMBER, STREET ADDRESS	CITY / SUBURB
STATE	POSTCODE

DATE (DD/MM/YY)   TIME (DD/MM/YY)   Date Damage Discovered   DATE (DD/MM/YY)

Please describe what happened

Who discovered the loss or damage?

FIRST NAME   LAST NAME

Do you consider any other party responsible for the loss or damage?   ☐ Yes   ☐ No

Were there any witnesses to the loss?   ☐ Yes   ☐ No

At the time of the event, was any other insurance cover in force relevant to the event you are claiming for?   ☐ Yes   ☐ No

If 'Yes' please advise further:

If applicable:
When were Police advised?

DATE (DD/MM/YY)   TIME (DD/MM/YY)

Which Police Station?

POLICE STATION   CRIME REFERENCE NUMBER

mir-c-pri-813.1

BURGLARY/THEFT CLAIMS

What was the method of entry and what precautions were in force at the time of loss?

Please list all items that are subject to this claim

DESCRIPTION	AGE	COST NEW	COST TO REPAIR	COST TO REPLACE	AMOUNT CLAIMED
LESS EXCESS					$
TOTAL					$

INSURED'S BANKING DETAILS

Note: Settlement will be made via EFT. Please enter bank details below.

DIRECT DEBIT INFORMATION

FIRST NAME

LAST NAME

BANK NAME

BSB NUMBER

ACCOUNT NUMBER

IMPORTANT NOTES

If you have received estimates for the cost of repair or replacement of lost or damaged items, at the time of completing this form, these should be attached to this claim form.

If you have receipts for repair work already completed, please attach them to this claim form. Excess will be deducted from the total amount claimed.

Please do not destroy or dispose of the damaged property until we give permission, we may need to inspect it.

PRIVACY

Lloyd's and its agent are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Private Sector) Act 2000 (the Act). This sets out the basic standards relating to the collection, use, disclosure and handling of personal information.

'Personal Information' is essentially information or an opinion about a living individual whose identity is apparent or can reasonably be ascertained from the information or opinion.

Information will be obtained from individuals directly where possible. Sometimes it may be collected indirectly.

Only information necessary for the arrangement and administration of Lloyd's business by Lloyds, its agents and their representatives will be collected. This includes information necessary to accept the risk, to assess a claim, to determine competitive and appropriate premiums.

Lloyd's and its agents disclose personal information to third parties who they believe are necessary to assist them in doing. These parties will only use the personal information for the purposes we provided it to them for (or if required by law).

When you give Lloyd's and its agents personal information about other individuals, we rely on you to have made or make them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information if you wish and request correction if required. You may also opt out of receiving materials sent by Lloyd's by contacting Miramar Underwriting Agency Pty Ltd on (02) 9307 6600.

Contact details for Mirimar Underwriting Agency are:

Mirimar Underwriting Agency Pty Ltd

Level 5, 97-99 Bathurst Street, Sydney NSW 2000
Phone +61 2 9307 6600
Fax +61 2 9307 6699

IMPORTANT INFORMATION

DECLARATION

I/We confirm that the information provided is true to the best of my/ our knowledge and hereby claim the amount(s) shown above.

Candidate

NAME	TITLE
X SIGNATURE	DATE (DD/MM/YY)

You should retain a copy of all information supplied to the insurers.
Please return your fully completed claim form to:- Your Broker.
Please use a separate sheet of paper if you need more space to complete any question.

NOTES