

PROPERTY CLAIM FORM

Dear Policyholder,

We're sorry to hear you need to notify a claim. Our aim is to settle your claim as quickly as possible.

You can help us do this by ensuring the enclosed claim form is completed promptly and that all questions are fully answered. If insufficient space, please attach a separate statement.

If you have concerns regarding safety, whether this be due to electrical, plumbing or structural issues etc, please contact Johns Lyng Group on **1300 809 949**, their hotline is open 24 hours, 7 days.. As a client of Delphic Insurance Services, you have access to their priority Emergency Response Service. They will be able to arrange emergency repairs and make safe at the property.

Please note that Johns Lyng Group do not confirm indemnity to a claim and any cost of repairs from an uninsured loss will be borne by you.

Depending on the specifics of the claim, the insurer may engage 3rd party companies to process the claim, we will endeavour to let you know who these third parties will be ahead of time, however this is sometimes not possible. If you have concerns with who is contacting you to visit your premises, please contact the insurer directly to confirm their credentials.

In addition to us as your broker and advisors, and the insurance company/underwriter who issues the policy, other parties that may be involved are:

Loss Adjuster The loss adjuster is appointed by the insurer on larger losses to investigate the circumstances of a claim and determine how much is payable under the policy. This may include assessing quotes to ensure they cover all the required repairs and that they are fair and reasonable. On more complex matters they may engage experts (engineers/building consultants etc) to investigate and report. They will often have an authority on behalf of the Insurer to authorise repairs to proceed.

Claim Preparer A claim preparer can be appointed by you (or by us on your behalf) to assist with the preparation of more complex business interruption claims. This is usually paid for under the conditions of your policy. If you wish to discuss options for appointing a claim preparer, please contact your account manager.

Insurer Builder Some insurers will appoint an 'insurer builder' who will not only assess the loss (like a loss adjuster) but will also carry out the work (via their tradesmen) within an authority the insurer provides them with.

If you have any problems during the period of your claim, please contact us and quote your claim number if you know it. We assure you of prompt attention to any queries you may have.

Peter Ligdopoulos
Delphic Insurance Services

YOUR PRIVACY

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

- We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
- If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
- We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
- Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, information about where the insurer is located is set out below:
- By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above. You understand that any personal and sensitive information disclosed to organisations located overseas may not be protected in the same way as it is in Australia. Even though we have not control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above.

Further information about how to access the personal information we hold about, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website www.delphicinsurance.com.au

1. Policy Details

Full Name(s) of Insured:	Address of Insured:Postcode Telephone Numbers: Business Hour (.....) After Hour (.....)	
Insurer:	Policy No:	Expiry Date: / /

2. General Details of Loss / Damage

Discovery of loss / damage / /	
Actual date of loss / damage / /	Approximate time of loss / damage am/pm
Was the lost/damage property: (i) subject to a Lease or an Agreement? (ii) Covered under another insurance policy?	<input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> YES <input type="checkbox"/> No If YES to either or both, please give details:	
What steps have been taken to recover the lost property or minimise damage to the property?	
Describe as fully as possible the circumstances and cause of the loss/ damage.	

<p>How was the loss/ damage discovered?</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>Were the police notified?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please state:</p> <p>(i) date of report: / /</p> <p>(ii) approximate time of report: am / pm</p> <p>(iii) Name of Police Station: </p> <p>(iv) Name of Police Officer: </p>
<p>Has any property been recovered?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i></p> <p>.....</p> <p>.....</p>
<p>Was any other party responsible for the loss/ damage?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i></p> <p>.....</p> <p>.....</p>
<p>Has anyone been charged for the loss/ damage?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i></p> <p>.....</p> <p>.....</p>

3. Complete this section for Personal Valuables / Burglary / Theft

How were the premises entered?	<p>.....</p> <p>.....</p> <p>.....</p>
Were the premises occupied at the time of loss?	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please state:</p> <p>(i) date last occupied: / /</p> <p>(ii) Approx. time last occupied: am / pm</p>

4. Complete this section for Fire / Damage to Premises

Who was in the premises at the time of damage?	<p>.....</p> <p>.....</p>
For what purpose?	<p>.....</p> <p>.....</p> <p>.....</p>

5 Complete this section for Transit Loss / Personal Baggage

Total value of goods carried	<p>\$</p> <p>Note: Personal baggage claims must be accompanied by the original Policy document.</p>
If travelling by road/ air/ rail, please advise the name of carrier and tour agent.	<p>.....</p> <p>.....</p> <p>.....</p>

6. Statement of Claim

Description of Property / Article lost, stolen, damaged or destroyed	Date of Purchase	Purchase Price (\$)	Replacement Cost (\$)	Net Amount Claimed (\$)

7. Complete this section for ALL Claims – ABN Details

Are you a registered business? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your ABN? ABN No:
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?%

8. Declaration

<p>I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.</p> <p>I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Delphic Insurance Services in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".</p>	
<p>Full name of claimant(s) <i>(please use block letters)</i></p> <p>.....</p> <p>.....</p>	<p>Date: / /</p> <p>Date: / /</p>
<p>Signature(s)</p> <p>.....</p> <p>.....</p>	

SCHEDULE

(1) PLEASE COMPLETE FOR **LOSS** OF PROPERTY:-

Description of property for which loss is claimed	Date of Purchase or Acquisition	Original Cost	Value at time of Loss-allowing for reasonable Depreciation	Value of Salvage (if any)	Amount of Loss or Damage Claimed	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
TOTAL AMOUNT OF LOSS CLAIMED					\$	

(2) PLEASE COMPLETE FOR **DAMAGE** TO PROPERTY:-

Particular	Name of Repairer (Invoice / Quote)	Cost of Repairs	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL REPAIRS		\$	
TOTAL AMOUNT CLAIMED		\$	

(3) PLEASE COMPLETE FOR **FUSION** DAMAGE:-

Machine / Appliance	Maker	Date of Purchase	H.P. of Motor	Name of Repairer Invoice/Quote Attached	Cost of Repairs	
					\$	
					\$	
					\$	
					\$	
					\$	
TOTAL REPAIRS (Note: To Avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable)					\$	
LESS EXCESS					\$	
NET AMOUNT CLAIMED					\$	

(4) PLEASE COMPLETE FOR **THIRD PARTY CLAIMS**:-

Details of injury or damage to third parties:-

a Name:

b Address:

.....

.....

c Occupation:

d Nature and extent of injuries/damage:

.....

e Has the third party any relationship to you (eg. relative, employee)?

.....

f) Have you received any correspondence from third parties? If so, please enclose them with this form.

.....

g Have you made any admission of liability?

.....

Please email this claims form and any photographs or video you may directly to your account manager. We will contact you to let you know the next steps and will let you know if there is any additional information required.

If you do not know the details of your account manager, please contact us directly on 1800 DELPHIC or email us at claims@delphic.com.au.