



DE CONNO & BLANCO
INSURANCE BROKERS

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1. Policy Details

Full Name(s) of Insured:		Address of Insured: Postcode.....	
Insurer:		Policy No:	
Expiry Date: / /		Sum Insured: \$	
Telephone No: A/H (.....)			
B/H (.....)			

2. General Details Of Loss / Damage

Location of loss/damage			
Actual date of loss/damage	/	/20	Approx time of loss/damage am/pm
Are you the owner of the lost/damaged property?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If no, please state name(s) and address(s) of all other parties and their interest in the property):</i>		
Was the lost/damaged property: (i) subject to a Lease or an Agreement? (ii) covered under another insurance policy?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes to either/both, please give details)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
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.		
How was the loss/damage discovered?		
Were the Police notified?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please state):</i> Report Number: (i) date of report /...../..... (ii) approx. time of report: am/pm (iii) Name of Police Station: (iv) Name of Police Officer 		
Has any property been recovered?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please give details)</i>		
Was any other party responsible for the loss/damage?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please give details)</i>		
Has anyone been charged for the loss/damage?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please give details)</i>		

3. Complete This Section For Personal Valuables / Burglary / Theft

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

4. Complete This Section For Fire / Damage To Premises

Who was in the premises at the time of damage?	
For what purpose?	

5. Complete This Section For Transit Loss / Personal Baggage

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

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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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

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.

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 [Value not set] 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".

Full name of claimant(s)
(please use block letters)

Signature(s) Date:/...../.....
..... Date:/...../.....