

Home & Contents Insurance General Claim



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DETAILS OF INSURED

Surname Given Name/s Policy/Claim number

Permanent Postal Address Postcode

Occupation Home Phone Business Mobile

Email

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DETAILS OF LOSS/DAMAGE

Date of loss/damage Time of loss/damage : am pm

Address of premises at which loss or damage occurred Postcode

Type of loss/damage i.e. Fire, Theft or Malicious Acts, etc.

Describe what happened

Were any items that were lost/damaged used in your trade/occupation? Yes No
If yes, what is your trade/occupation?

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PAST HISTORY

In the past five years have you experienced any similar loss or damage or have you made any claims under any home or contents insurance policy? Yes No

If you answered yes to the above question, please provide further information (e.g. date(s), details of your loss or damage)

Have you had any criminal convictions in the last five years? Yes No
If yes, please provide details

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DETAILS OF BUILDING

Type of building Home Unit Flat Multi-storey Strata plan

Age of building Years Nature of occupancy Owner occupied Rented Vacant

Who was living in the building at the time of the loss/damage?

Were your premises unoccupied for any period prior to the loss/damage? Yes No
If yes, please provide details (e.g. date(s), period of unoccupancy)

Does anyone other than yourself have an interest in the property? Yes No
If yes, state their name and the nature of their interest

PLEASE TURN OVER

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Is a business operated from the premises? Yes No

If yes, describe the business operated from the premises

Do you hold any other insurance policies on the property? Yes No

If yes, state company, policy number and insurance amount

Does the property have any security devices fitted? Yes No

If yes, please describe

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DETAILS OF POLICE REPORT (if applicable)

Police Station

Date Reported

Time

Police Report Number

Have any arrests been made? If yes, please provide details

Have any of the stolen goods been recovered? If yes, please provide details

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DETAILS OF ITEMS Please list all items you wish to claim for

Description	Owner of Item	Date of Purchase	Original Purchase Price	Place of Purchase	Purchasing Method (i.e. cash, credit card etc)	Proof of Ownership Attached (Yes/No)

Please ensure all proof of ownership and repairer's invoice/receipt is attached to this form

(examples of proof of ownership includes original receipts, manuals, valuations, warranties, certificates, photographs and guarantees)

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DECLARATION

I/We declare that:

- The information contained in this claim form is true and complete in every respect, and I have not withheld any relevant information.
- HBF Insurance is authorised to obtain any statement made in relation to this claim form from the Police and any particulars in relation to any criminal convictions.
- HBF Insurance is authorised to obtain details from my lender of the amount owing in respect to the insured property.
- HBF may lawfully refuse to pay this claim if fraudulent information is included in this claim or material facts have been fraudulently concealed or omitted.
- I consent to HBF Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to HBF Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signature of Policyholder

Date

Signature of Policyholder

Date