

## 1

### DETAILS OF INSURED

Surname  Given Name/s  Policy/Claim number

Permanent Postal Address  Postcode

Occupation  Home Phone  Business  Mobile

Email

## 2

### 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?

## 3

### 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

## 4

### 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

4

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

5

**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

6

**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)

7

**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