



GENERAL CLAIM FORM

CLIENT CODE:
OFFICE USE ONLY

The Insured:	
Date of lodgment: 30/01/2018	Policy number: HLH1775336
Name in which policy is held: John & Jennifer Smith	
Address: 21 Anywhere Street, Beaudesert Qld 4285	
Best Contact Person (if not the insured, relationship to claim): John Smith	
Email: johnandjen@email.com.au	Phone: John – 0477 123 123 Jenny – 0477 321 321
Preferred contact method from Axiom Insurance and/or your Insurer:	Email SMS Phone <input checked="" type="checkbox"/>
Are you registered for GST? Y <input checked="" type="checkbox"/>	ABN number:
Do you intend to claim any Input tax Credit (ITC) on the GST applicable to this policy? Y <input checked="" type="checkbox"/>	Specify percentage claimed: %
Incident Details:	
Date of incident: 29/01/2018	Time: Approximately 10.30pm
Location of loss: (As detailed as possible) 21 Anywhere Street, Beaudesert Qld 4285	
How did the loss or damage occur: A tree in our yard has blown over in heavy winds during a storm and fallen on our water tank.	
Tank has ruptured and all water from the tank has flowed through the rumpus room on lower level of the house.	
If the incident is a leaking pipe what is the resultant damage?	
Special Requirements:	
If there are any structural or safety concerns; if the property cannot be secured; or if there are any urgent/special requirements please answer the below:	
Are any make safe services required? <input checked="" type="checkbox"/> N	
Make safe builder:	Phone:
Make safe assistance required – ie; power or structure: Need someone sent out urgently to deal with wet carpet to minimise water damage and prevent mould issues.	
Are there any special requirements? <input checked="" type="checkbox"/> N	
Immediate replacement of tank is required as it is the sole source of water to our house.	
Items Being Claimed:	
If this claim is in relation to the following (but not limited to) electrical items, machinery breakdown, pumps, leaking plumbing, etc a repair report from a repairer will be required stating the cause of damage:	
25000 litre poly tank	
Age of electrical items:	Make/Model:

Repairer Details:		
Name: South Qld Plumbing and Irrigation	Phone: (07) 3344 5566	
Address: 111 Hydro Drive, Suburbia 4321		
Have you received a quote? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Have you received a repair report? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Have documents been received by Axiom Insurance? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Duty of Disclosure Questions (Compulsory):		
In the last 5 years has the Policy Holder:		
Been convicted of a criminal offence? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Had an insurance policy declined, cancelled or conditions imposed on an insurance policy? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
If you have answered yes to any of the above please provide details:		
Police Details:		
Please note a police report will be required for claims including (but not limited to) theft, fire and malicious damage:		
Did Police attend? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Name of Officer:	
Phone:	Report number:	
Additional Claim Notes:		
Quote & report for tank and photos attached.		
Settlement Details ** Subject to Insurer Acceptance of Claim:		
In the event a cash settlement is offered by the insurer, please advise your preferred disbursement method:		
<input checked="" type="checkbox"/> Bank Transfer (Please complete Details Below – Account must be in same name as policy is held) <input type="checkbox"/> Cheque		
Account Name: J & J Smith	BSB: 123-456	Account Number: 1122 34567
Declaration (Compulsory):		
I/We declare that to the best of my/our knowledge and belief the information in this form is true and correct and I/we have not withheld any relevant information. I/We understand providing false information could result in this claim and potentially this insurance policy being declined/cancelled.		
I/We consent to the insurance company using my personal information I/we have provided on this form for the purpose of processing my claim. I/We understand that if I/we choose not to provide required details, this is my/our choice, however, the insurance company may not be able to process my claim.		
I/We consent to the insurance company disclosing my personal information to other insurers, an insurance reference service or as required by law. I/We consent to the insurance company also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.		
Name: John Smith	Signature: JSmith	Date: 30/01/2018
Emailed to: OFFICE USE ONLY		
Date:	Time:	By:

Please email completed claim forms to admin@axiominsurance.com.au