

Claim Form Property Protection



acs
FINANCIAL



acs
MUTUAL

Please answer ALL questions to help us process your claim quickly. Use a separate piece of paper if you require additional space.

You can either print this form to complete it, or you can enter data electronically and return the saved file.

Section A. General Information (Please use BLOCK letters)

Name of Organisation Policy/Protection Number

Contact Regarding This Claim:

Title Contact Name Position Held

Email

Postal Address Suburb State Postcode

Phone (BH) Mobile Fax

Section B. Details of Loss/Damage/Destruction

1. Date of incident? (DD/MM/YYYY) / / Time am/pm

2. Type of incident eg. storm, burglary, machinery breakdown etc.

3. Description of incident ie. what happened? Provide as much detail as possible (use additional page if required).

4. AMOUNT OF CLAIM \$

5. Address where occurrence took place Suburb State Postcode

6. Is this claim a result of Crime? Yes, please complete the following questions. No, skip to Section C.

a). Describe method and point of entry into your premises:

b). All claims resulting from Crime need to be reported to Police.

Date Police notified: (DD/MM/YYYY) / / Time am/pm

Station Police Report #:

c). Is the property fitted with a monitored alarm? Yes (Please provide a printed report) No

d). Has any other action been taken to recover items or reduce the loss? Yes No

If yes, please provide details below.

Section C. GST and Bank Details

To ensure you do not incur any unnecessary GST Liability on this claim please complete the following questions.

1. What is your ABN Number?

2. Are you registered for GST purposes? Yes No *If yes, do you claim 100% of your GST paid?* Yes No

Where possible we prefer to make payments by EFT. To help us facilitate this, please provide your bank details below.

Bank	Branch	
<input type="text"/>	<input type="text"/>	
BSB	Account No.	Account Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section D. Privacy Statement

ACS Financial Pty Ltd (ACN 062 448 122) (AFSL 247388) (ABN 91 460 778 961) ("ACS Financial") ("we"/"us") is committed to ensuring the confidentiality and security of your personal information.

We are bound by the Australian Privacy Principles ("APPs") under the *Privacy Act 1988 (Cth)* regarding the way we handle your personal information.

We have implemented a Privacy Policy, under the APPs, which explains how we collect, hold, use and disclose your personal information, and how you can access and/or correct that information. Nothing in this policy limits any of our obligations at law.

You can obtain a copy of the 'ACS Group Privacy Policy' by calling 1800 646 777 or by downloading a copy at [www.acsfinancial.com.au/customer-support - Privacy Policy](http://www.acsfinancial.com.au/customer-support-Privacy Policy).

Your personal information is collected for the purposes set out in the ACS Group Privacy Policy and is relevant to any recommendation that you acquire or offer to arrange for the issue of an insurance policy or a mutual protection to you as well as the amount of your premiums or contributions or the assessment of any claims made by you or your personal representative. You do not provide the full information that we request and disclose every matter that you know or could reasonably be expected to know, we may be unable to assist you with your application or if you accept insurance cover and/or mutual protections you may be in breach of your Duty of Disclosure.

Ensure that you seek permission from individuals before you provide us with their personal information, and let them know about this Privacy Statement and how they can contact us if they want to access or correct information we hold about them.

We do not trade, rent or sell your personal information. We may use your personal information to provide you with information about other products, services and special offers. If you do not want your personal information used in this way please write or email ACS Insurance Services with your opt-out request and they will arrange accordingly.

Section E. Declaration

Declaration

I/We declare that:

- the information I/we have provided is true, complete and correct to the best of my/our knowledge, and I/we will inform ACS Financial should any of this information change in the future;
- the information I/we have provided includes every matter known to me/us that is relevant to the claim;
- I/We are duly authorised to act for and on behalf of the above-named organisation and have completed this claim form on behalf of it and all those who may be entitled to Protection, after due enquiry of all directors or office bearers and senior staff;
- I/We authorise ACS Financial to obtain from or give to ACS Mutual or insurance reference bureau or credit reporting agency any personal information relating to this or other insurance cover/Protection relating to me or the above-named organisation including claims or credit history; and
- I/We understand that I/we can obtain the ACS Group Privacy Policy, access personal information held about me/us, or raise privacy concerns by calling the ACS Group Privacy Officer on 1800 646 777, and consent to ACS Mutual and ACS Financial and their service providers using and disclosing my/our information in the way described in the Privacy Statement. Where information about a third party individual is supplied, I/we declare that the person has been made aware of that fact and of the Privacy Policy.

Signature

Date (DD/MM/YYYY)

 / /

Full Name

Position Held

Schedule of Loss



1. Stolen/Damaged Contents

Item No.	Describe each item stolen or damaged in detail	Owner of the item	Month/Year received or purchased	Name of repair/replacement Provider	Current reinstatement cost (provide written quote/invoice)
Amount of Loss for Stolen/Damaged Contents					\$

2. Damage to Building

Item No.	Item damaged	Type/extent of damage	Name of repairer	Cost of repairs (provide written quote/invoice)
Amount of Loss for Repairs to Building:				\$

3. **Total Amount Claimed (Add 1 + 2) :** \$ _____
Less Excess/Retention Applicable : \$ _____
Net Amount Claimed: \$ _____

Please send completed Claim Form (including any attachments) to:
 The Claims Manager, ACS Insurance Services, 431 Canterbury Road, Surrey Hills VIC 3127
 E insuranceservices@acsfinancial.com.au • F 1300 881 552