Claim Form
Property Protection

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 to claims@acsfinancial.com.au

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, buglary, 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

a). Who discovered the loss, theft or damage?

Name: | Date: DD / MM / YYYY | Time | ◯ am ◯ pm

b). Do you know who is responsible for the loss or theft of, or damage to your property? ◯ Yes ◯ No

Name:

Address: | Suburb: | State: | Postcode

Any other information about the person(s) responsible:

c). Were there any witnesses to the loss, theft or damage? ◯ Yes ◯ No

Name of witness: Phone:

Address: Suburb: State: Postcode

Name of witness: Phone:

Address: 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:

What steps have been taken to improve security of your premises?

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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:

BSB Account No.: Account Name:

Section D. Complaints

ACS Financial is a broker for our insurers who are signatories to the General Insurance Code of Practice developed by the Insurance Council of Australia. If you have a dispute, and after talking to ACS Financial staff you are still dissatisfied and you wish to take the matter further , we have a Complaints and Dispute Resolution Procedure which you will find at www.acsfinancial.com.au/customer-support - important information.

If you are dissatisfied with our decision or the way we handled your complaint, you may be able to refer your complaint to the Financial Ombudsman Service. Access to the Complaints Process is free of charge to you.

Section E. 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.

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. If 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 yoofu r 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 we will arrange accordingly.

Section F. 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

Name: Position Held:

Schedule of Loss
Property Protection

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)	GST Inclusive Yes	GST Inclusive No
						○	○
						○	○
						○	○
						○	○
						○	○
						○	○
						○	○
						○	○
						○	○
				Amount of Loss for Stolen/Damaged Contents:		○	○

2. Damage to Building

Item No.	Item damaged:	Type/extent of damage:	Type/extent of damage:	Cost of repairs (provide written quote/invoice)	Repairs carried out Yes	Repairs carried out No
					○	○
					○	○
					○	○
					○	○
					○	○
					○	○
					○	○
					○	○
			Amount of Loss for Repairs to Building:		○	○

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Total Amount Claimed (Add 1 + 2) : $

Less Excess/Retention Applicable : $

Net Amount Claimed: $

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