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AFSL 494836

A Specialist Underwriting Agency

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General Claim Form

Claims Procedure:

The claim form is to be completed when Your Property has been affected by an insured event.

Please complete the following Sections of this claim form; Answer all relevant questions in details; Attach separate pages if there is not enough space allotted on this claim form.

Contact:

New notification: claims@allparks.com.au our phone number is 02 4355 4027.

1. Client Details:

Insured's name:

Company / Trading as name:

Policy Number:

Address:

Suburb:

State:

Postcode:

Site Contact Name:

Phone number:

Email:

To ensure you do not incur any unnecessary GST liabilities on this claim please advise your:

(a) ABN, if applicable

(b) Entitlement to an Input Tax Credit in respect of:

(i) Insurance premium % and (ii) the property which is the subject of this claim %

2. Details of Incident:

Date of Incident

Time

am

pm

State clearly how the incident occurred, use extra paper if necessary;

Indicate which section is applicable to incident:

<input type="checkbox"/>	Section 1 Property Damage	<input type="checkbox"/>	Section 8 Electronic Breakdown
<input type="checkbox"/>	Section 2 Business Interruption	<input type="checkbox"/>	Section 9 Goods in Transit
<input type="checkbox"/>	Section 3 Theft	<input type="checkbox"/>	Section 10 General Property
<input type="checkbox"/>	Section 4 Money	<input type="checkbox"/>	Section 11 Employee Dishonesty
<input type="checkbox"/>	Section 5 Glass	<input type="checkbox"/>	Section 13 Accidental Home & Contents
<input type="checkbox"/>	Section 7 Machinery Breakdown	<input type="checkbox"/>	Other

3. Police Details:

Was the accident reported to Police or WorkCover authorities? Yes No

Police report number.

Did the police attend the site? Yes No

If YES, Please provide details include name of attending officer and all documentation.

4. Property Lost or Stolen

Description of Property	Price Paid	Replacement cost	Date Of Purchase	Amount Claimed

5. Property Damage

Was the property damaged by water or Storm? Yes No

Was the property damaged by Fire? Yes No

Is this a claim for Glass only? Yes No

Have temporary repairs been completed? Yes No

Are you the sole owner of the property? Yes No

6. Privacy

Your Privacy is important to Us. You need to read the Privacy Statement below which explains, amongst other things, how We collect, handle, store and disclose Your personal and sensitive information in order for Us to provide and inform You about Our insurance and insurance related Services including Your claim.

To do this We may disclose Your personal information to Our service providers and others in accordance with the Privacy Statement below.

7. Declaration

- I/ We acknowledge All Parks Insurance Pty. Ltd. and/or certain underwriters at Lloyds may give to, or obtain from, other insurers and/or Insurance/Financial Bureau, state Licensing, Parts or Service Providers, personal information in relation to this claim or my insurance in general.
- I/We hereby declare that the information and answers given above are true in every detail and no information has been withheld or misrepresented.
- I/We undertake to render every assistance in My/Our power in dealing with this matter.

Signature of Insured: **Date:**

Position held within Company:

PRIVACY STATEMENT

We collect your personal information so we can assess your insurance claim. If you fail to provide us with this information, we may be unable to assess your claim.

We may disclose your personal information to a range of other entities and persons, including to overseas recipients, as set out in our Privacy Policy.

Refer to our Privacy Policy for information about accessing and correcting personal information, and about complaints handling. The Privacy Policy is available at www.allparks.com.au