

General Claim Form



If there is insufficient space on this form for your answers, please attach a separate sheet(s), indicating the Section and Question you are answering/providing additional information for.

Your Privacy

The Privacy Act 1988 (Cth) requires iCorp Insure Pty Ltd to make the following disclosure before collecting personal information about you after 21 December 2001:

- iCorp Insure Pty Ltd collects personal information in order to provide it's various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- If the personal information iCorp Insure Pty Ltd requests from you is not provided, iCorp Insure Pty Ltd or any involved third party may not be able to provide the appropriate services.
- iCorp Insure Pty Ltd discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs iCorp Insure Pty Ltd may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, it's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process. By signing this form and continuing to deal with us, you confirm on your behalf and/or on behalf of those you represent consent to iCorp Insure Pty Ltd and these parties collecting, using and disclosing personal and sensitive information about you.
- iCorp Insure Pty Ltd has a duty to maintain the confidentiality of it's client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of your personal information is with your consent or required by law.
- iCorp Insure Pty Ltd may make use of your personal information to provide you with information about it's products and services.

Further details on the iCorp Insure Pty Ltd are on our website: www.icorpinsure.com.au

Contact Us

Simply contact the iCorp Insure Pty Ltd Privacy Officer on the details below if you would like to:

- Access the personal information iCorp Insure Pty Ltd hold about you
- Update or correct the information iCorp Insure Pty Ltd holds about you
- Discuss your privacy concerns
- Be removed from the mailing list to receive information about iCorp Insure Pty Ltd products and services

Privacy Officer

Email: service@icorpinsure.com.au

Telephone: 08 8238 0111

Claim Number

1. Policyholder

Full Name

Address

Postcode

Home Phone

Work Phone

Mobile

Email

Insurer

Policy number

Expiry date / /

2. General Details of Loss/Damage

Location of loss/damage

Date / /

Time am / pm

Was the loss/damage property subject to a Lease or an Agreement? [Yes \(give details\)](#) [No](#)

If you answered 'yes' to the there being a Lease or an Agreement for the property, please provide full details:

Was the loss/damage property covered under another insurance policy? [Yes \(give details\)](#) [No](#)

If you answered 'yes' to the property being covered by another insurance policy, please provide full details below:

What steps have been taken to recover the lost property or to minimise damage to the property?

Provide a detailed description of the circumstances and cause of the loss/damage.

How was the loss/damage discovered?

Were the police notified? **Yes (give details)** **No**

Date / /

Time am/pm

Which police station was the loss or damage reported?

Police officer's name

Police report number

Has any property been recovered? **Yes (give details)** **No**

If any property has been recovered, please provide full details:

Was any other party responsible for the loss/damage? **Yes (give details)** **No**

If any other party was responsible for the loss/damage, please provide full details:

Has anyone been charged for the loss/damage? **Yes (give details)** **No**

If anyone has been charged for the loss/damage, please provide full details:

3. Complete this section for Personal Valuables / Burglary / Theft

How were the premises entered?

Were the premises occupied at the time of loss? **Yes** **No**

Date / /

Time am/pm

4. Complete this section for Fire / Damage to Premises

Who was in the premises at the time of damage?

For what purpose?

8. Declaration

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify the Insurer and iCorp Insure Pty Ltd in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Full name of Claimant #1

Signature of Claimant #1

Date / /

Full name of Claimant #2

Signature of Claimant #2

Date / /

Full name of Claimant #3

Signature of Claimant #3

Date / /

Full name of Claimant #4

Signature of Claimant #4

Date / /