



MANSIONS
OF AUSTRALIA

Claim Form

Home and Contents Insurance

Underwritten by ACE Insurance Limited

Mansions of Australia

ABN 15 096 726 895

AFS Licence No. 234437

Claims Administration:

Toll Free: 1300 302 868

Email: mansions@au.innovation-group.com

Facsimile: +61 2 9524 9003

Postal: PO Box 2717, Taren Point

NSW 2229

Filling in this form

Please answer all questions. Please tick (✓) appropriate boxes and provide details as requested. If there is not enough space provided to answer a question please complete Your answer on a separate sheet of paper and attach it to this form.

Help us to process your claim quickly

At Mansions of Australia we are proud of our claims service and we will act on your correspondence as soon as we receive this form. You can help us act quickly if you:

1. Make sure that you give us **ALL** details about your claim.
2. Send us the receipts you received when you bought the items that have been damaged, or any valuations you may have.
3. Send us at least two (2) quotations for the repair or replacement of the damaged property.
4. Tell the police immediately about any loss or damage which has been caused by burglary or theft, accidental loss, vandalism or malicious damage.
5. If at all possible, keep damaged items available so that we can inspect them.

Claim No.

1. Policy details

Full name(s) of Assured(s)

Policy No.

Expiry Date

 / /

Telephone No.

Business

Home

Mobile

Mailing address of Assured(s)

Do you claim an Input Tax Credit on your home insurance premium?

YES

NO

If YES please give details:

your ABN

Input Tax Credit

 %

Note: If you do not give us your ABN we may have to withhold tax on any monies paid for your claim.

Where did the loss occur?

Actual date of loss

 / /

Approximate time of loss

 am pm

Was any other party responsible for the loss or damage?

YES

NO

Please detail how the loss occurred

If NO please give details:

Is there any other insurance cover in effect that covers all or part of this loss or damage?

YES

NO

If YES please give details:

Company

Cover

Date

3. Burglary/Theft claims

Were the police notified?

YES

NO

If YES please give details:

Date reported

 / /

Approximate time of report

 am pm

Name of police station and the officer's name

Crime Reference Number

How was entry to the premises gained?

Has any of the property been recovered?

YES

NO

If YES please give details:

Has anyone been charged for the loss/damage?

YES

NO

If YES please give details:



All questions must be completed in full by the Assured

4. Water damage claim

Is the damage related to a recent storm?

YES

NO

If **YES** please detail the damage sustained

If **NO** how did the damage occur?

Did you take any action to minimise the loss?

YES

NO

If **YES** please give details

Have you arranged to obtain two (2) quotes to repair the damage?

YES

NO

If **NO** please make the necessary arrangements

Please detail the damage sustained



All questions must be completed in full by the Assured

5. Third party (Public Liability) claims

What date was the incident reported to you?

NOTE: You must NOT admit that you are or believe you are liable.

Has any claim been made against you?

YES

NO

If **YES** please detail or attach a copy of any correspondence from the third party and/or their solicitor.

Have you admitted responsibility in ANY way?

YES

NO

If **YES** please give details of what you have said or done

Please give names and addresses of any witnesses to the alleged incident

Description of circumstances leading to claim

6. Electrical Damage (Fusion) claim

What does the motor operate?

Is the appliance/motor under a manufacturer's warranty?

YES

NO

If YES please give details

What is the age of the appliance/motor?

 yrs

7. Statement of claim

All questions must be completed in full by the Assured

Description of property/article including model number	Date and place of purchase	Purchase price	Replacement cost	Amount claimed
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8. Additional space if insufficient in an earlier question

9. Declaration

- I/We declare that the answers given on this claim form and the circumstances surrounding this claim are true and correct.
- I/We declare I/we have not withheld any information relevant to the claim of which ACE Insurance Limited ('the Insurer') or SUA Agency Services Pty Ltd t/as Mansions of Australia ('Mansions') should be made aware.
- I/We consent to ACE and Mansions using the personal information (including sensitive information) I/we have provided on this form for the purposes of processing my/our claim. I/We consent to the disclosure of personal information (including sensitive information) to third parties in order to process my/our claim. I/We consent to the disclosure of any personal information (including sensitive information) overseas where it is reasonably necessary for the processing of my/our claim. I/We understand that if this consent is not given ACE and Mansions will not be able to process this insurance claim.
- I/We understand that by investigating my/our claim or by accepting proof of my/our claim, ACE has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy.
- I/We authorise any person or entity, including but not limited to the parties referred to above, to provide to ACE such personal information as ACE in its absolute discretion considers relevant for its assessment of my claim or my entitlement to benefits.

Signed by Assured(s)

1. / /

2. / /