

Ansvar Insurance Claim Form



It is essential that this form be returned directly to Ansvar Insurance, with all questions answered, at the earliest opportunity. Please print your answers and where appropriate.

Office use only Claim number

1. Policyholder details

Name/Business name	Policy number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	State			Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone: Home	Telephone: Work	Telephone: Mobile	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

2. Date of loss / /

3. Nature of loss (burglary, fire, etc)

4. Address of the premises at which the loss was sustained State Postcode

5. Describe how the loss occurred

6. Was another person responsible for the damage to your property?

Yes No *If yes, name and address of person responsible*

Name	<input type="text"/>		
Address	State	Postcode	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. If burglary, method of entry

8. Damaged caused by entry

9. Have the police been notified?

Yes No Which police station? Police report number

10. Goods and services tax

To ensure you do not incur any unnecessary GST liabilities on this claim complete these details

Are you registered for GST purposes? Yes No What is your ABN?

If you have registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy? Yes No

Is the amount claimed less than 100% of the GST applicable to the premium? Yes No Specify the percentage amount claimed %

11. Electronic Funds Transfer

Settlement of your claim may involve a cash settlement. Please complete the following if you are interested in an EFT Payment

Account name	BSB number	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Complete details overleaf before signing below

I declare that all the information I have given is true and correct

Signature Date / /

Victoria AD GPO Box 1655 Melbourne 3001 FX +61 3 9614 1545	New South Wales AD PO Box 1410 Parramatta 2124 FX +61 2 9687 9564	Queensland AD GPO Box 747 Brisbane 4001 FX +61 7 3221 6721	South Australia AD PO Box 630 Fullarton 5063 FX +61 8 8338 1920	Western Australia AD PO Box 840 West Perth 6872 FX +61 8 9324 2013	Tasmania AD PO Box 330 Launceston 7250 FX +61 3 9614 1545
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