Miramar Property Claim Form

IMPORTANT NOTICES

BINDER AGREEMENT

The contract of insurance is arranged by Miramar Underwriting Agency Pty Ltd (ABN 97 111 534 797, AFSL 314176) ('Miramar') acting under a binding authority as agent for the Insurer(s), certain underwriters at Lloyd's. Miramar does not act as Your agent.

PRIVACY STATEMENT

In this Privacy Statement the use of "We", "Us" and "Our" means the Insurer(s) and Miramar unless specified otherwise.

We are committed to the safe and careful use of Your personal information in the manner required by the *Privacy Act 1988* (Cth) and the Australian Privacy Principles and the terms of this Policy.

We collect Your personal information in order to assess Your application for insurance and, if Your application is accepted, to administer and manage Your insurance Policy and respond to any claim that You make. To do this, Your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on Our behalf, such as assessors and facilitators, some of whom may be located in overseas countries. See the Privacy Policies/Notices set out below for further information.

Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing Us with Your personal information, You consent to the disclosure of Your personal information to reinsurers, service providers and related entities in overseas countries to enable Us to assess Your application, to administer and manage Your insurance Policy and to respond to any claim that You make. If You consent to the disclosure of Your personal information to overseas recipients, and the overseas recipient handles Your personal information in a way other than in accordance with the Australian privacy laws, We may not be responsible for the handling of Your personal information by the overseas recipient.

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We may not be able to assess Your application or administer and manage Your insurance Policy and respond to any claim that You make.

Our privacy policies contain information on how You may access personal information that each of Us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of Your personal information and how complaints are handled. If You require more information, You can access certain underwriters at Lloyd's Privacy Notice at https://www.lloyds.com/help/privacy and Miramar's Privacy Policy at miramaruw.com.au

IMPORTANT INFORMATION FOR COMPLETION OF CLAIM FORM

- Please keep a copy of all documentation You send to us for Your own record.
- Please use the notes section on page 6 if You need more space to complete any question.
- To ensure prompt attention to Your claim, please complete this Claim Form in full and submit it to us as soon as possible.
- If You have received estimates for the cost of repair or replacement of lost or damaged items, at the time of completing this Claim Form, these should be attached to this Claim Form.
- If You have receipts for repair work already completed, please attach them to this Claim Form. The Excess will be deducted from the total amount claimed.
- Please do not destroy or dispose of the damaged property until we give permission, we may need to inspect it.

INSURED

POLICY NUMBER

BROKER DETAILS

CONTACT DETAILS

FIRST NAME

LAST NAME

TELEPHONE

FAX

MOBILE

EMAIL ADDRESS

POLICY DETAILS

CONTACT DETAILS

FIRST NAME

LAST NAME

TELEPHONE (DAY)

TELEPHONE (EVENING)

MOBILE

EMAIL ADDRESS

POSITION (E.G. DIRECTOR, CFO)

POSTAL ADDRESS

NUMBER, STREET ADDRESS

CITY / SUBURB

STATE

POSTCODE

COMPANY DEALINGS

GST

What percentage of GST or Premium is/has been applied as an Input Tax Credit?

%

THIRD PARTY DETAILS

PERSONAL DETAILS

FIRST NAME

LAST NAME

PHONE NUMBER

REGISTRATION NUMBER (IF IMPACT DAMAGE)

MAKE AND MODEL OF VEHICLE (IF APPLICABLE)

INSURER AND POLICY OR CLAIM REFERENCE NUMBER

CLAIM PARTICULARS

LOCATION OF LOSS / DATE / TIME / DESCRIPTION

NUMBER, STREET ADDRESS

CITY / SUBURB

STATE

POSTCODE

DATE (DD/MM/YY)

TIME

Date Damage discovered

DATE (DD/MM/YY)

Please describe what happened:

Who discovered the loss or Damage?

FIRST NAME

LAST NAME

Do You consider any other party responsible for the loss or Damage? ☐ Yes ☐ No

Were there any witnesses to the loss? ☐ Yes ☐ No

At the time of the event, was any other insurance cover in force relevant to the event You are claiming for? ☐ Yes ☐ No

If 'Yes', please provide details:

If applicable:
When were Police advised?

DATE (DD/MM/YY)

TIME

Police Station?

POLICE STATION

CRIME REFERENCE NUMBER

BURGLARY/THEFT CLAIMS

Describe the method of entry and the precautions in force at the time of loss or Damage?

Please list all items that are subject to this claim

DESCRIPTION	AGE	MARKET PRICE	COST TO REPAIR	COST TO REPLACE	AMOUNT CLAIMED

BURGLARY/THEFT CLAIMS (CONTINUED)

DESCRIPTION	AGE	MARKET PRICE	COST TO REPAIR	COST TO REPLACE	AMOUNT CLAIMED
LESS EXCESS					$
TOTAL					$

INSURED'S BANKING DETAILS

Note: If Your claim is accepted, settlement will be made via EFT. Please enter bank details below.

DIRECT DEBIT INFORMATION

ACCOUNT NAME

BANK NAME

BSB NUMBER

ACCOUNT NUMBER

DECLARATION

I consent to Miramar and the Insurer(s) collecting, storing, using and disclosing personal information as set out in the Privacy Statement. If I have provided or will provide information to Miramar and the Insurer(s) about any other individuals, I confirm that I am authorised to disclose his or her personal information to Miramar and the Insurer(s) and also to give this consent on both my and their behalf.

I declare that, to the best of my knowledge and belief, the information in this Claim Form is true, complete and correct and I understand the claim may be refused or reduced if information is false or withheld.

I understand that I may have to provide relevant documentation to enable complete consideration of my claim.

Declarant

NAME

TITLE

X

SIGNATURE

DATE (DD/MM/YY)

Send completed Claim Form to:

Email: claims@steadfastagencies.com.au

Post: Miramar Underwriting Agency Pty Ltd
PO Box A2016, Sydney South NSW 1235

NOTES