

# Business, Property and Personal Effects Application Form

## Important Information

- The issue of this form does not constitute an admission of liability on the part of the insurer.
- Please ensure you answer all questions honestly and fully.
- If anyone holds you responsible for their accident/injury, insist their claim must be in writing.
- Any communication received must be forwarded to Coast Underwriting immediately.
- Do not admit liability. Please do not disclose to Claimants the existence of a policy.
- If there is insufficient space, please use additional pages.
- If a question is not relevant to your situation, please write 'N/A'.
- This claim form can be completed digitally.
- If you are completing this form by hand, please ensure you write clearly.

## A Insured's Details

Insured Name

Contact Name

Nature of Business

Are you the landlord or tenant at the premises? Give details.

Policy Number

Expiry Date

 /  / 

Address

Post Code

Mobile Number

Work Number

Email

Australian Business No. (ABN)

GST Registered? ☐ Yes ☐ No

% Claimable

 %

## B Payee Bank Details

Please provide the bank details of the account you wish settlement funds to be deposited into. Note that payment is subject to Our acceptance of the claim.

Fields marked with a \* are only required if the payment is being made outside of Australia.

Account Name

Account Number

BSB Number

Bank Name

Branch\*

Country\*

Swift/Sort Code\*

## C Notification of Loss To You

Who Notified You?

Their Phone Number

Their Email Address

Their Address

Post Code

## D Details of Loss

Date of loss

 /  / 

Time

Date you became aware of loss

 /  / 

Time

Exact location of loss

Exact location of loss

Describe the premises (i.e. warehouse, office, etc.)

Was the premises occupied at the time of loss? ☐ Yes ☐ No

Who was the last person there?

When were they last there?

In detail, how did the incident occur?

What steps were taken to minimise the loss/damage?

Do you own all of the damaged property? ☐ Yes ☐ No

If no, please provide the owner's name, address and contact details.

Does anybody else have an interest in the property (e.g. joint ownership, mortgage, hire purchase)?

## E Items Being Claimed

Please provide details of the items being claimed against. If you require more space, please continue on a separate page.

In the case of property lost or stolen, please attach receipts, valuations or other documents to support your ownership.

Description of property (include serial number)	Where was it purchased?	When was it purchased?	Value at the time of loss	Repair/replacement value (attached quotes)
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
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		/ /	\$	\$
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		/ /	\$	\$
		/ /	\$	\$

## F Glass Breakage

What was broken?

Was the break through the entire thickness of material? ☐ Yes ☐ No

Was there damage to window signwriting? ☐ Yes ☐ No

Has damage been repaired? ☐ Yes ☐ No

Have you paid the account? ☐ Yes ☐ No

## G Storm and Water Damage

Describe the damage

How did the wind, rain or water enter the premises?

Did the storm cause this opening?

Has damage been repaired? ☐ Yes ☐ No

Have you paid the account? ☐ Yes ☐ No

## H Malicious Damage/Burglary/Theft

How were the premises entered and where was the point of entry?

Which parts of the premises were entered?

What security measures or devices did you have in place?

Were the Police notified? ☐ Yes ☐ No

Did Police Attend? ☐ Yes ☐ No

If Yes, Officer's name:

Stationed at

Police Report Number

Date

Did the Police recover any property?

## I Liability

In your opinion, was any other person(s) responsible for the loss? ☐ Yes ☐ No

If yes, please provide the following:

Name

Phone Number

Relationship To Insured

Email Address

Address

Post Code

Reasons For Liability

If you are a tenant please provide reasons that you are liable under the terms of your lease.

☐ Tick to indicate enclosure of lease agreement

## J Other Insurance

Do you or another party hold any other Policy which could cover this claim?

Party holding the policy

Insurer

Policy Number

Type of Insurance

## M History

Have you ever had previous claims? ☐ Yes ☐ No

If yes, provide details.

Have you ever been refused insurance? ☐ Yes ☐ No

If yes, provide details.

Have you ever been charged/convicted of any offence in the last 10 years? ☐ Yes ☐ No

If yes, provide details.

## N Privacy Statement

In this Privacy Statement the use of “We”, “Us” and “Our” means the Insurer(s) and Coast 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 such as the United Kingdom and Europe.

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 HDI Global Specialty's Privacy Policy and Privacy Statement at [www.hdi-specialty.com/int/en/legals/privacy](http://www.hdi-specialty.com/int/en/legals/privacy), and Coast's Privacy Policy at [www.coastins.com.au](http://www.coastins.com.au)

## O Declaration

### I/We declare that:

The information and answers given above are true, correct and complete in every detail.

I/We understand the claim may be refused if information is not true or is withheld.

I/We understand that insurers require this information (which will be retained) to evaluate the claim.

I/We understand that the *Privacy Act 1993* entitles me/us to have access to, and request the correction of, this information.

I/We authorise Coast Insurance Pty Ltd to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Print Name of Insured

Signature of Insured

Date

Print Name of Insured

Signature of Insured

Date

**PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.**