



GENERAL CLAIM FORM

CLIENT CODE:
OFFICE USE ONLY

The Insured:			
Date of lodgment:		Policy number:	
Name in which policy is held:			
Address:			
Best Contact Person (if not the insured, relationship to claim):			
Email:		Phone:	
Preferred contact method from Axiom Insurance and/or your Insurer:		Email	SMS Phone
Are you registered for GST? Y N		ABN number:	
Do you intend to claim any Input tax Credit (ITC) on the GST applicable to this policy? Y N		Specify percentage claimed: %	
Incident Details:			
Date of incident:		Time:	
Location of loss: (As detailed as possible)			
How did the loss or damage occur:			
If the incident is a leaking pipe what is the resultant damage?			
Special Requirements:			
If there are any structural or safety concerns; if the property cannot be secured; or if there are any urgent/special requirements please answer the below:			
Are any make safe services required? Y N			
Make safe builder:		Phone:	
Make safe assistance required – ie; power or structure:			
Are there any special requirements? Y N			
Items Being Claimed:			
If this claim is in relation to the following (but not limited to) electrical items, machinery breakdown, pumps, leaking plumbing, etc a repair report from a repairer will be required stating the cause of damage:			
Age of electrical items:		Make/Model:	

Repairer Details:		
Name:	Phone:	
Address:		
Have you received a quote? Y N	Have you received a repair report? Y N	
Have documents been received by Axiom Insurance? Y N		
Duty of Disclosure Questions (Compulsory):		
In the last 5 years has the Policy Holder:		
Been convicted of a criminal offence? Y N		
Had an insurance policy declined, cancelled or conditions imposed on an insurance policy? Y N		
If you have answered yes to any of the above please provide details:		
Police Details:		
Please note a police report will be required for claims including (but not limited to) theft, fire and malicious damage:		
Did Police attend? Y N	Name of Officer:	
Phone:	Report number:	
Additional Claim Notes:		
Settlement Details ** Subject to Insurer Acceptance of Claim:		
In the event a cash settlement is offered by the insurer, please advise your preferred disbursement method:		
<input type="checkbox"/> Bank Transfer (Please complete Details Below – Account must be in same name as policy is held) <input type="checkbox"/> Cheque		
Account Name:	BSB:	Account Number:
Declaration (Compulsory):		
<p>I/We declare that to the best of my/our knowledge and belief the information in this form is true and correct and I/we have not withheld any relevant information. I/We understand providing false information could result in this claim and potentially this insurance policy being declined/cancelled.</p> <p>I/We consent to the insurance company using my personal information I/we have provided on this form for the purpose of processing my claim. I/We understand that if I/we choose not to provide required details, this is my/our choice, however, the insurance company may not be able to process my claim.</p> <p>I/We consent to the insurance company disclosing my personal information to other insurers, an insurance reference service or as required by law. I/We consent to the insurance company also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.</p>		
Name: _____	Signature: _____	Date: _____
Emailed to: OFFICE USE ONLY		
Date:	Time:	By:

Please email completed claim forms to admin@axiominsurance.com.au