

Case no.

About this form

Only complete this form if your claim is in respect to loss of or damage to Buildings/Contents/Personal Valuables or Legal Liability.

Please print clearly using BLOCK LETTERS. If there is not enough room to answer a question, please use a separate sheet of paper and attach it. If you have any questions about this form, contact us on: **1300 369 989**.

Privacy Statement

Why we collect your personal information

We collect personal information, including sensitive information, from you to assess your claim and, if your claim is accepted, for administration of the claim. We may also use your information to comply with legislative or regulatory requirements in any jurisdiction, prevent fraud, crime or other activity that may cause harm in relation to our products or services, and help us run our business.

If you do not provide all the information we request, we may not be able to assess or administer your claim.

Disclosing your personal information

We may disclose your personal information to other members of the Westpac Group, anyone we engage to do something on our behalf such as a service provider, and other organisations that assist us with our business. We may also disclose your personal information to other third parties including:

- your financial institution;
- other insurers and reinsurers;
- insurance claims reference services;
- claims assessors and investigators;
- an external dispute resolution body; and
- any Federal, State or Territory Police Department, or private organisation which investigates fraud.

We may disclose your personal information to an entity which is located outside Australia. Details of the countries where the overseas recipients are likely to be located are in the Westpac Privacy Policy.

As a provider of financial services, we have obligations to disclose some personal information to government agencies and regulators in Australia, and in some cases offshore. We are not able to ensure that foreign government agencies or regulators will comply with Australian privacy laws, although they may have their own privacy laws. By using our products or services, you consent to these disclosures.

Other important information

We are required or authorised to collect personal information from you by certain laws. Details of these laws are in the Westpac Privacy Policy.

The Westpac Privacy Policy is available at Westpac.com.au or by calling 132 032. It covers:

- how you can access the personal information we hold about you and ask for it to be corrected;
- how you may make a complaint about a breach of the Privacy Act 1988 (Cth), or a registered privacy code, and how we will deal with your complaint; and
- how we collect, hold, use and disclose your personal information in more detail.

The Westpac Privacy Policy will be updated from time to time.

Where you have provided information about another individual, such as any other person named in this claim form, you must make them aware of that fact and the contents of this privacy statement.

Definitions

“We”, “our”, “us” means Westpac General Insurance Limited (the Insurer). “Westpac Group” mean Westpac Banking Corporation and its related bodies corporate.

Please print clearly

1 Please complete your name, address and contact details below.

Title	Surname	Full given name(s)	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Title	Surname	Full given name(s)	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address			
<input type="text"/>			
<input type="text"/>			
Postcode			
<input type="text"/>			
Contact home phone number	Contact work phone number	Contact mobile phone number	Contact facsimile number
<input type="text"/> () <input type="text"/>	<input type="text"/> () <input type="text"/>	<input type="text"/>	<input type="text"/> () <input type="text"/>

2 What is your occupation, trade or profession?

3 Is the person, business or entity that paid the premium for this insurance registered for GST?

No

Yes Are they entitled to claim input tax credits on the premium paid?

No

Yes What percentage are they entitled to?

 %

4 What is your policy number and renewal date?

Policy number	Renewal date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

5 On what date and time did the loss or damage occur?

Date	Time
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am/pm

6 On what date and time was the loss or damage discovered?

Date	Time
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am/pm

7 Did you discover the loss or damage?

Yes Go to 8

No Who discovered the loss or damage?

8 At what place and/or premises did the loss or damage occur?

Form with 5 horizontal lines for text entry.

9 Where were you at the time the loss or damage occurred?

Form with 4 horizontal lines for text entry.

10 Describe what happened and the loss or damage which resulted.

Form with 20 horizontal lines for text entry.

11 Is any property which is the subject of this claim on hire purchase, mortgage etc?

No Go to 12

Yes Give details

Form with 3 horizontal lines for text entry.

12 Are you the sole owner of the property that is the subject of this claim?

No

Yes

13 Please advise us if your home has been unoccupied?

No Go to 14

Yes Please advise us how long your home has been unoccupied for

Years Months

14 Does this claim relate to burglary, home invasion, theft, accidental loss, vandalism or malicious damage?

No Go to 15

Yes These losses must be reported to the police.

Which police station was the loss reported to?

Form with 1 horizontal line for text entry.

Report number

Date reported to police

Form with 1 horizontal line for text entry.

Form with 1 horizontal line for text entry, containing slashes for date format.

15 Does this claim relate to electrical motor burnout or lightning damage?

No Go to 16

Yes Please arrange a repair quotation confirming the cause of damage and return to us.

i) The age of the motor

Years Months

ii) Type of motor and appliance

Form with 2 horizontal lines for text entry.

iii) Is the appliance covered by warranty?

No

Yes

16 Does this claim relate to glass breakage?

No Go to 17

Yes Have you arranged replacement of the glass?

No Contact us if you would like us to arrange repairs

Yes Please forward the glazier's account

17 Does this claim relate to legal liability?

No Go to 21

Yes Please tell us the name and address of any person injured, or owner of the property damaged.

Form with 4 horizontal lines for text entry.

18 Was the person that was injured or the owner of the property damaged:

In your service? No Yes

In the service of a contractor?..... No Yes

In the service of a sub-contractor? No Yes

None of the above?..... No Yes

19 Has a claim been made against you?

No Go to 20

Yes Give details and attach all correspondence you have received

20 Please tell us the name(s) and addresses of any witnesses. This information is very important to us in assessing your claim.

21 Do you hold any other insurance under which a claim for this loss, damage or legal liability can be made?

No Go to 22

Yes Give details, including insurance company name and policy number

22 Have you made a claim for loss or damage to any of your buildings, contents and/or personal valuables within the last 5 years?

No Go to 23

Yes Give details

23 Has any insurance company ever refused to pay a claim of yours under any buildings or contents policy?

No Go to 24

Yes Give details, including the name of the insurer

24 In the last 5 years, have you or any member of your family had insurance refused or cancelled or a renewal not offered?

No Go to 25

Yes What were the circumstances and when did it happen?

25 In the last 5 years, have you or any member of your family been convicted of a criminal offence?

No Go to 26

Yes Give details

Type of offence (description)
Date of offence
Jail term (if any)
Fine (if any)
Bond (if any)

Attach the following documents:

- purchase receipts, valuations and/or manuals for the claimed items
- repairers quotations, invoices and/or receipts for the claimed items
- any other documentation or correspondence which relates to this claim

Please write your Name and Case number (if advised by us) on everything you attach here.

If you do not have any of these documents at this time, please send the claim form now and forward the documents as soon as possible. If you cannot provide these documents please call us on 1300 369 989 to discuss.

26 Are you claiming for loss or damage to the buildings?

No Go to **27**

Yes Give details of your claim for loss or damage below

Details of loss or damage	Cost of repairs	Amount of claim
Less Excess		
Total Claim \$		

27 Are you claiming for loss or damage to contents or personal valuables?

No Go to **28**

Yes Give details of your claim for loss or damage below

Item No.	Description of property lost, damaged or stolen <i>(Please state each article/item separately)</i>	Where was item purchased	Date purchased	Who owned the item	Present cost of replacement	Amount of claim
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Less Excess						
Total Claim \$						

- 28 Should we decide to cash settle your claim we will direct credit the amount into your bank account. Please provide your bank account details should we decide to do this.

Account Name/s

Bank/Branch Name

BSB Number

Account number

Declaration

I/We declare that the above account details have been checked by myself/ourselves, and I/we confirm that they are true and correct. The agreed funds are to be transferred to the account number as recorded above. I/We accept that the Insurer will not be held liable at law, in equity, by statute or otherwise for any details recorded incorrectly.

Policy Holder(s) Name(s)

Policy Holder(s) Signature(s)

Important Notice

The Insurer confirms that the account details provided above are confidential and will only be used for the purpose of releasing any settlement funds in payment of your claim, if your claim is accepted by us and if we agree to a cash settlement. These account details will not be disclosed except to the extent required by law.

- 29 I/We declare that all information I/we have given is true and correct. I/We understand that until this information is considered by the Insurer, my claim has not been admitted. I/We will continue to assist the Insurer in any way to reach a decision to accept or decline this claim. I/We have read, understand and agree to the acknowledgements and consents relating to the protection of my/our privacy.

Signature of Insured Person(s)

Date

How to Make a Claim

- Give us all the details about your claim.
- Advise the police immediately if the loss or damage was caused by burglary, home invasion, theft, vandalism, malicious damage or accidental loss.
- You must keep the damaged items so that we may inspect them if required.
- Attach all relevant information to support your claim for repair, replacement and/or damage, including proof of ownership. You need to show that you own or paid for the property that you are claiming for.
Refer to page 4 for details of documents required.
- Advise or supply any further information which we may need.
- Send this claim form and supporting documents back to:

Fax: 1300 200 850
Mail: General Insurance
Home and Contents Claims
GPO Box 4451
Sydney NSW 2001

Once we are notified of your claim, either in writing or by telephone, a decision is made as to whether a Claims Assessor will be required to make an inspection of the loss or damage.

If a Claims Assessor is required

- The Insurer will appoint a Claims Assessor on the same day it receives notification of your claim.
- The Claims Assessor will contact you within 24 hours and arrange to call on you at a convenient time.
- Before the Claims Assessor arrives, please ensure that you have all the relevant information available to support your claim – for example, your original invoice, the operating manuals for any equipment stolen, the reference number for the police report. See page 4 for details of documents required.
- The Claims Assessor will ensure that the Insurer is given all the information required to process your claim as quickly as possible.

If a Claims Assessor is not required

- The Insurer will process your claim and will contact you, usually by phone, if any additional information is required.

If now or in the future you have any queries or need information in relation to your claim please contact us on **1300 369 989**.

What to do if you have a complaint

We're constantly striving to provide our customers with the best possible service, and we'll do our best to resolve any complaint you have quickly and fairly.

So if you do have a complaint about your policy, our service, the way the policy was sold to you, or the way your claim is being handled, here's what you should do.

Step 1

We ask that you first contact one of our Consultants to discuss your complaint.

For claims issues:
Phone 1300 369 989 **Fax** 1300 786 606
For any other issues:
Phone 1300 369 989 **Fax** 1300 786 525

If the Consultant is unable to resolve the matter, they'll refer it to a Senior Officer, their Team Leader or Manager. The Senior Officer, Team Leader or Manager will acknowledge your complaint within 2 business days, providing their name and relevant contact details and keep you informed of the progress of your complaint at least every 10 business days.

The Senior Officer, Team Leader or Manager will try to resolve your complaint within 15 business days however, if we consider that further information, assessment or investigation of the complaint is required, we will agree reasonable alternative timeframes with you. If an agreement cannot be reached, we will notify you of your right to take your complaint to the next stage. The Senior Officer, Team Leader or Manager will respond to your complaint in writing.

Step 2

If you're still not satisfied with the outcome, you may ask for us to refer the dispute to our Internal Dispute Resolution Officer who will review the matter.

The Internal Dispute Resolution Officer's contact details are:

Internal Dispute Resolution Officer
Westpac General Insurance Limited
Mail GPO Box 4451,
Sydney NSW 2001
Phone 1300 369 989
Fax 1300 786 606 for claims issues
or 1300 786 525 for any other issues

The Internal Dispute Resolution Officer will acknowledge your complaint, providing their name and relevant contact details and keep you informed of the progress of your dispute at least every 10 business days.

The Internal Dispute Resolution Officer will try to resolve your dispute within 15 business days however, if we consider that further information, assessment or investigation of the dispute is required, we will agree reasonable alternative timeframes with you. If an agreement cannot be reached, we will notify you of your right to take your dispute to the Financial Ombudsman Service (FOS).

The Internal Dispute Resolution Officer will respond to your dispute in writing.

Step 3

If you are not satisfied with the decision made or we cannot otherwise reach an agreement, you can refer your matter to FOS which provides a free independent dispute resolution service for consumers who have a general insurance dispute.

Additionally, if we are unable to resolve your complaint or dispute to your satisfaction within 45 calendar days, we will inform you of the reasons for the delay and that you may take your complaint or dispute to FOS. The contact details are:

Financial Ombudsman Service
Mail GPO Box
Melbourne VIC 3001
Phone 1800 367 287
Fax (03) 9613 6399
Email info@fos.org.au

First things first.

Please note that if you haven't first tried to resolve your complaint with us, the Financial Ombudsman will direct your complaint to us and we'll provide you with a response under our Internal Dispute Resolution process.