



360 Commercial Claim Form

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In the Event of a Claim

- + Please take immediate and reasonable steps to ensure that no further damage or loss occurs to the property.
- + No repairs are to be commenced without our consent.
- + If any third party holds you responsible for their loss or damage, please ask them to put their claim in writing.
- + Do not admit liability to any third party and do not disclose that you may have insurance in place.
- + Any salvage remains the property of the insurer.
- + Contact your Broker if you are unsure about any matters relating to completion of this Claim Form.

How to Fill in the Claim Form

- + The completion of this form does not constitute policy acceptance by the insurer.
- + Failure to notify a matter immediately after the event or after you become aware of the event may enable the insurer to reduce or avoid any liability incurred.
- + This Claim Form should be completed in full and honestly. Please sign and return it to your Broker as soon as possible with any relevant photos and attachments.
- + If insufficient space is provided, please attach separate sheet(s) and sign and date each sheet attached.
- + Incomplete, illegible or unclear answers will delay processing of your claim.
- + To ensure prompt action, please submit ALL documentation to claims@360uw.com.au

General Insurance Code of Practice

In accordance with our binding authorities, where we act on behalf of the insurer, we are bound by the General Insurance Code of Practice (The Code). The Code is designed to set minimum standards of practice and service in the insurance industry.

Further information about The Code can be obtained from www.codeofpractice.com.au

Agent of Insurer

In accordance with the requirements of the *Corporations Act 2001 (Cth)*, 360 Commercial Pty Ltd in arranging or effecting this insurance or dealing with or settling claims will be acting under an authority given to it by certain insurers. Accordingly, 360 Commercial Pty Ltd will be acting as an agent of the insurers and not an agent of the insured.

Complaints and Dispute Resolution

We view seriously any complaint made about our products or services and will deal with it promptly and fairly.

If you have a complaint please first try to resolve it by contacting the relevant member of our staff.

If the matter is still not resolved, please then contact our Internal Disputes Resolution Officer on 02 9047 9814 or by email at idr@360uw.com.au or by writing to us at the address for 360 Underwriting Solutions Pty Ltd given below. They will seek to resolve the matter in accordance with the General Insurance Code of Practice and our Dispute Resolution procedures.

If the matter is still not resolved, or you are not satisfied with the way a complaint has been dealt with we will provide you with information about the Australian Financial Complaints Authority (AFCA) including their contact information.

Privacy Statement

We are committed to protecting your privacy in accordance with the *Privacy Act 1988 (Cth)* and the Australian Privacy Principles (APPs).

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use storage and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, we may not be able to adequately handle your claim.

Our Privacy Policy explains how we collect, use, hold, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at www.360uw.com.au

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

Policy Details

* Insured	ABN	Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
To what extent can you claim an input tax credit on your insurance premiums?		
<input type="text"/>		
Address		
<input type="text"/>		
City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Contact Name	* Telephone	
<input type="text"/>	<input type="text"/>	
* Mobile	Fax	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Insurance Broker

Name of your Insurance Broker		
<input type="text"/>		
Address		
<input type="text"/>		
City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Name	Telephone	
<input type="text"/>	<input type="text"/>	
Mobile	Fax	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Description of Loss

Day of Incident	* Date of Incident	Time	AM	PM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Please describe what happened				
<input type="text"/>				
Address of the loss, theft or damage?				
<input type="text"/>				
Who discovered the loss, theft or damage?				
<input type="text"/>				
* Date Discovered		Time	AM	PM
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

* Mandatory fields must be completed

Are you the owner of the property being claimed for?

Yes No

If no, give details

Does any other party have an interest in the property being claimed for?

Yes No

If yes, give details

Is there any other insurance policy which would cover this loss, theft or damage?

Yes No

If yes, give details

Do you know who is responsible for the loss, theft or damage to your property?

Yes No

Please advise name(s) and address(es) of the person(s) responsible

Security Details

Are any of these used to provide security to the premises? Please tick which apply

- | | |
|---|---|
| <input type="checkbox"/> Key window locks on all accessible windows? | <input type="checkbox"/> Grilles on all accessible windows and doors? |
| <input type="checkbox"/> Double keyed deadlocks on all perimeter doors? | <input type="checkbox"/> Fixed safe? |
| <input type="checkbox"/> Perimeter alarm? | <input type="checkbox"/> Freestanding safe? |
| <input type="checkbox"/> Internal alarm? | <input type="checkbox"/> None |

If there is an alarm, was it activated?

Yes No

Police

Was this loss, theft or damage reported to the police?

Yes

No

Date of Incident

Crime Report No.

Name of Police Officer

Name of Police station where loss, theft or damage was reported

Fire

If the damage is the result of fire, did the fire brigade attend?

Yes

No

Where did the fire commence?

Details of previous loss, theft or damage

Have you ever suffered any loss, theft or damage at this address or elsewhere in the last 5 years?

Yes

No

If yes, please give details

Type

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Date

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Total Amount

\$ <input type="text"/>
\$ <input type="text"/>
\$ <input type="text"/>
\$ <input type="text"/>
\$ <input type="text"/>

Have you made a claim on any insurer for any of the above mentioned incidents?

Yes

No

If yes, please give details

Insurer	Date	Total Amount
		\$
		\$
		\$
		\$
		\$

Details of Claim

Please attach 1 repair quotation, where available. If insufficient space please attach list.

Damage to building

Particulars	Name of repairer	Amount Claimed
		\$
		\$
		\$
		\$
		\$
		\$

Loss or damage to other property

Description of property	Where purchased	When purchased	Value at time of loss	Replacement Value (Attach Quotes)
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL				\$

Where possible attach original invoices, receipts or other proof of purchase. This will help us in assessing your claim as quickly as possible.

Electronic Funds Transfer Details

If your claim is accepted, your claim benefits can be transferred directly into your bank account.
Please provide the following details:

Name of Financial Institution	Account Name	
<input type="text"/>	<input type="text"/>	
BSB	Account No	Bank SWIFT code (if required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration and Authorisation

I declare that to the best of my knowledge and belief the details given are true, correct and complete in every respect. I understand that if a claim is intentionally exaggerated or fraudulent the claim may be refused and no payment will be made.

I confirm that I have read and understood the Privacy Statement and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim. I understand that I do not agree to the collection of this personal information then 360 Commercial Pty Ltd and/or the Insurer(s) it acts as agent for will be unable to process the claim.

* Signature of Insured	<input type="text"/>
* Date	<input type="text"/>
* Print Name	<input type="text"/>
* Signature of Witness	<input type="text"/>
* Date	<input type="text"/>
* Print Name	<input type="text"/>

* Mandatory fields must be completed



360

Commercial

NSW

Level 18, 201 Kent St
Sydney, NSW 2000

The Forum, Level 3
240 Pacific Highway
Charlestown, NSW 2290

VIC

Level 9, 99 William St
Melbourne, VIC 3000

QLD

Level 8, 500 Queen St
Brisbane, QLD 4000

SA

PO Box 1166
Nairne, SA 5252

WA

PO Box 864
Joondalup DC WA 6919