SALON INSURANCE AUSTRALIA

GENERAL CLAIM FORM

YOUR PRIVACY

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

- We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
- If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
- We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.

By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above.

Further information about how to access the personal information we hold about you, have it updated or corrected or how to make a complaint about how your personal information is used or stored can be found in our Privacy Policy on our website: www.directinsurance.com.au

CONTACT US

You can contact our Privacy Officer using the details below:

Privacy Officer: Matthew Dawson

Address: 38 Brookes Street, Bowen Hills QLD 4006

E-mail: matt@directinsurance.com.au

Telephone: 07 3866 5444

WHEN COMPLETING THIS FORM

If there is not enough room on this form for your answers, please attach a separate sheet, indicating the section and question you wish to complete and we will process with the information submitted on this form.

SALON INSURANCE AUSTRALIA

GENERAL CLAIM FORM

CLAIM NUMBER

POLICY DETAILS

Full Name(s) of Insured

Address of Insured

STATE POSTCODE

Contact Numbers Business Hours After Hours

Insurer Policy # Expiry Date

GENERAL DETAILS OF LOSS / DAMAGE

Date of Event Approx Time of Event

Brief Description: including cause of loss or damage

Amount Claimed as shown on the Schedule attached to this form.

Is a third party to blame for loss or damage? No Yes if yes, please give details;

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GENERAL CLAIM FORM

Have you received, or do you anticipate receiving notice of claim from or on behalf of any third parties?

☐ No ☐ Yes if yes, please give details;

Were the police notified?

☐ No ☐ Yes if yes, please complete the following; Date of Report

Police station Event Number

Have you taken any action to recover or reduce your loss?

☐ No ☐ Yes if yes, please give details;

Give details of all witnesses, if any;

Full Name(s) Contact #

Address

State Postcode

Full Name(s) Contact #

Address

State Postcode

Full Name(s) Contact #

Address

State Postcode

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GENERAL CLAIM FORM

OTHER PARTICULARS

Name/s of owner of property lost / damaged

1.

2.

Name/s of any other interested party ie: Mortgagee, Trustee

1.

2.

Details of any other insurances covering lost / damaged property

BUSINESS DETAILS

Are you a registered business? No Yes If yes, please provide your ABN

What percentage of GST in your premium did you claim as Input Tax Credit for the period of insurance in which this loss occurred;

BANK DETAILS

Account Holder Name

BSB Number

Account Number

SALON INSURANCE AUSTRALIA

GENERAL CLAIM FORM

DECLARATION

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Direct Insurance Brokers Pty Ltd in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Full Name of Claimant 1

Full Name of Claimant 2

Claimant 1 Signature

Date:

Claimant 2 Signature

Date:

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SCHEDULE: LOSS OF PROPERTY

PLEASE COMPLETE FOR LOSS OF PROPERTY

Description of property for which the loss is claimed

Item 1

Date of Purchase		Original Cost		Current Value	
Value of Salvage		Amount of Loss or Damage Claimed			

Item 2

Date of Purchase		Original Cost		Current Value	
Value of Salvage		Amount of Loss or Damage Claimed			

Item 3

Date of Purchase		Original Cost		Current Value	
Value of Salvage		Amount of Loss or Damage Claimed			

Item 4

Date of Purchase		Original Cost		Current Value	
Value of Salvage		Amount of Loss or Damage Claimed			

Item 5

Date of Purchase		Original Cost		Current Value	
Value of Salvage		Amount of Loss or Damage Claimed			

Total Amount of Loss Claimed

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SCHEDULE: DAMAGE TO PROPERTY

PLEASE COMPLETE FOR DAMAGE TO PROPERTY

Description of property for which the loss is claimed

Item 1

Name of Repairer

Cost of Repairs

Item 2

Name of Repairer

Cost of Repairs

Item 3

Name of Repairer

Cost of Repairs

Item 4

Name of Repairer

Cost of Repairs

Item 5

Name of Repairer

Cost of Repairs

Total Amount of Repairs

Total Amount Claimed

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SCHEDULE: FUSION DAMAGE

PLEASE COMPLETE FOR FUSION DAMAGE

Description of property for which the loss is claimed. Please attach itemised receipts to support your claim.

Item 1

Machine / Appliance		Maker	
Date of Purchase		H.P of Motor	
Name of Repairer		Cost of Repairs	

Item 2

Machine / Appliance		Maker	
Date of Purchase		H.P of Motor	
Name of Repairer		Cost of Repairs	

Item 3

Machine / Appliance		Maker	
Date of Purchase		H.P of Motor	
Name of Repairer		Cost of Repairs	

Item 4

Machine / Appliance		Maker	
Date of Purchase		H.P of Motor	
Name of Repairer		Cost of Repairs	

Item 5

Machine / Appliance		Maker	
Date of Purchase		H.P of Motor	
Name of Repairer		Cost of Repairs	

Total Amount of Repairs	
Less Excess	
Net Amount Claimed	

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SCHEDULE: THIRD PARTY CLAIMS

PLEASE COMPLETE FOR THIRD PARTY CLAIMS

Details of inury or damage to third parties

Third Party 1

Full Name _____ Occupation _____

Address _____

_____ State _____ Postcode _____

Nature and extent of injuries or damage

_____

Is the third party related to you? ie: relative/employee ☐ No ☐ Yes

If yes, what is the relationship? _____

Have you received any correspondance from the third party? ☐ No ☐ Yes If yes, please attach.

Have you made any admission of liability? ☐ No ☐ Yes

Third Party 2

Full Name _____ Occupation _____

Address _____

_____ State _____ Postcode _____

Nature and extent of injuries or damage

_____

Is the third party related to you? ie: relative/employee ☐ No ☐ Yes

If yes, what is the relationship? _____

Have you received any correspondance from the third party? ☐ No ☐ Yes If yes, please attach.

Have you made any admission of liability? ☐ No ☐ Yes