

THIS FORM IS TO BE COMPLETED IF YOU HAVE HAD AN INCIDENT ON YOUR HOME/ CONTENTS.

OFFICER USE ONLY

THE COMPLETION AND LODGEMENT OF THIS FORM IS NOT AUTOMATIC ACCEPTANCE OF YOUR CLAIM. ONCE THIS FORM HAS BEEN RECEIVED BY US, WE WILL CONTACT YOU.

Claim Number

PLEASE PRINT IN BLOCK LETTERS and answer all questions where applicable (provide full and complete answers). If a particular question does not apply, please write "Nil" in the space provided.

Claim Officer

If the space provided below is insufficient to provide all the details, please attach a separate sheet.

Accepted Date

THE FORM SHOULD BE COMPLETED AND RETURNED TO BUZZ INSURANCE WITHIN 7 DAYS OF RECEIPT BY THE INSURED. NO REPAIRS SHOULD BE CARRIED OUT WITHOUT THE APPROVAL OF BUZZ INSURANCE. A COPY OF ANY QUOTE FOR REPAIRS SHOULD BE INCLUDED WITH THIS FORM.

1. INSURED DETAILS

Policy Number

Cover Type

Building Content Valuables

Title

Date of Birth (DD/MM/YYYY)

Dr Mr Mrs Miss Ms

First Name

Last Name

Address

Post code

Home Phone

Work Phone

Mobile Phone

Email

Prefer method of contact

Home Work Mobile Email

Are you registered for GST?

ITC%

ABN

Yes No

Insurance Australia Limited ABN 11 000 016 722 AFS License No. 227681

POSTAL ADDRESS PO Box 9871 Sydney NSW 2001 | **FAX** 1300 729 878 | **EMAIL** claims@thebuzzinsurance.com.au

2. INCIDENT DETAILS

Date of Accident

Time

Describe what happened

Was anyone there when it happened?

Yes

No

Don't know

Not applicable

Where did it happen?

At the insured address

At another address

At my children's address (for KidsAway special option)

The place where it happened

If the incident occurred away from the insured address then tell us about the place where it happened.

For example : at "Shelley Beach" or "Mc Donalds Store in Pitt Street".

Address of where it happened

Post code

Damage to Building

Is the building weatherproof?

Yes No

Can you live in the building?

Yes No

Do you need emergency accommodation?

Yes No

Damage to my building:

Please tell us what parts of the building were damaged, and how many.

For example. Building part - Bedroom, Item damaged - Window, How many - 2

Damage 1

Building part

Bathroom	Bedroom 1	Bedroom 2
Bedroom 3	Dining Room	Fencing
Garage	Kitchen	Laundry
Living Area	Lounge Room	Pergola
Roof	Shed/Outbuilding	Spa/Swimming Pool
Major Building Damage		

Item damaged

How many

Damage 2

Building part

Bathroom	Bedroom 1	Bedroom 2
Bedroom 3	Dining Room	Fencing
Garage	Kitchen	Laundry
Living Area	Lounge Room	Pergola
Roof	Shed/Outbuilding	Spa/Swimming Pool
Major Building Damage		

Item damaged

How many

Damage 3

Building part

Bathroom	Bedroom 1	Bedroom 2
Bedroom 3	Dining Room	Fencing
Garage	Kitchen	Laundry
Living Area	Lounge Room	Pergola
Roof	Shed/Outbuilding	Spa/Swimming Pool
Major Building Damage		

Item damaged

How many

Damage 4

Building part

Bathroom	Bedroom 1	Bedroom 2
Bedroom 3	Dining Room	Fencing
Garage	Kitchen	Laundry
Living Area	Lounge Room	Pergola
Roof	Shed/Outbuilding	Spa/Swimming Pool
Major Building Damage		

Item damaged

How many

Damage 5

Building part

Bathroom	Bedroom 1	Bedroom 2
Bedroom 3	Dining Room	Fencing
Garage	Kitchen	Laundry
Living Area	Lounge Room	Pergola
Roof	Shed/Outbuilding	Spa/Swimming Pool
Major Building Damage		

Item damaged

How many

Damage to or Loss of Contents

Please tell us what other items were involved, and how many.

* Please forward any proof of loss, example photos and purchase receipts.

Item 1	Estimated Value of Item	Quantity
Item 2	Estimated Value of Item	Quantity
Item 3	Estimated Value of Item	Quantity
Item 4	Estimated Value of Item	Quantity
Item 5	Estimated Value of Item	Quantity

Damage to or Loss of Valuables

Please indicate what valuables are involved.

The "\$ Repaired/replaced estimate" is your estimate of what you think it would cost to get it repaired/replaced.

* Please forward any proof of loss, example photos and purchase receipts.

Item 1	\$ Repaired/replaced estimate
Item 2	\$ Repaired/replaced estimate
Item 3	\$ Repaired/replaced estimate
Item 4	\$ Repaired/replaced estimate
Item 5	\$ Repaired/replaced estimate

3. DAMAGE TO SOMEONE ELSE'S PROPERTY

Was there a third party involved?

Yes No

Do you have their details?

Yes No

Third Party 1:

Details of other people

What is your relationship to the third party?

Known Unknown

Title

Dr Mr Mrs Miss Ms

First Name

Last Name

Address

Post code

Home Phone

Work Phone

Mobile Phone

Email

Prefer method of contact

Home Work Mobile Email

Damage Description

Was there damage to someone else's property?

Yes No

What was damaged?

Home Vehicle Injury

Other

Describe the damage

Third Party 2

Details of other people

What is your relationship to the third party?

Known Unknown

Title

Dr Mr Mrs Miss Ms

First Name

Last Name

Address

Post code

Home Phone

Work Phone

Mobile Phone

Email

Prefer method of contact

Home Work Mobile Email

Damage Description

Was there damage to someone else's property?

Yes No

What was damaged?

Home Vehicle Injury
Other

Describe the damage

* If you have received any demands or notices from anyone, please submit with Claim Form.

4. OTHER DETAILS

Police Details

Have you notified the police and did they attend?

Scene attended Notified Not notified

Police Station

Police Report/Event Number

Officer Name

Station Phone Number

Were any charges laid or indications made of further actions?

Yes No

If "Yes", please give details (who and what)

Inspect of damages

When can the damage be inspected? (DD/MM/YYYY)

5. DECLARATION

I hereby authorise Buzz Insurance to obtain any report or statement that I have made to the police.

I understand that the information provided in this claim form by me is true and correct. No information likely to affect this claim has been withheld. I understand that this claim may be refused if information is inaccurate or concealed.

I consent to Buzz Insurance, in assessing or otherwise dealing with this claim, disclosing my personal information to or collecting my personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

Further information on how we handle your personal information, including how to access your information, is explained in our Privacy Charter. To get a copy of our Privacy Charter visit our website to view a copy.

I authorise Buzz Insurance to obtain any report or statement that I have made to the police.

Signature of INSURED

INSURED Name

Date (DD/MM/YYYY)

When you have completed the form, print and sign. Please send the form to us by either email, fax or mail.

POSTAL ADDRESS : PO Box 9871 Sydney NSW 2001

FAX : 1300 729 878

EMAIL : claims@thebuzzinsurance.com.au