

## IMPORTANT GUIDELINES TO LODGING A CLAIM

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### GENERAL GUIDELINES

- The claim form must be submitted with a **quotation** for either **repair** or **replacement**.
- All sections of the claim form must be filled-in with **as much detail as possible** and **signed** by the user.
- If the actual date of the damage/theft is not known, then a **date range** should be supplied to show when it could have occurred i.e. 14/4 – 16/4
- **Excess payments** are to be made to the repairer/ supplier unless otherwise agreed with Protecsure

### SCHOOL STUDENTS

- Claim forms must be completed and signed by the parent or a school representative, not the student.

### REPAIRS/REPLACEMENTS

- It is important that you do not authorise, or proceed with, the repair or replacement of the equipment.
- Once the claim has been assessed, Protecsure will determine whether to repair or replace the equipment (if applicable), or if your equipment is leased, to settle with your financier.

### ACCIDENTAL DAMAGE

Please note that according to the policy wording “accidental damage” is defined as:

*“physical damage which occurs as a result of a sudden, unforeseen and unexpected event. The event must arise from a single identifiable incident”.*

### THEFT

Please note the following exclusion applies:

*“For loss or theft or damage from attempted theft while the equipment is unattended, except where in a locked vehicle and out of sight, or in premises reasonably secured from being accessible by an intruder or the public”;*

### CHECKLIST

Please check all your answers before submitting your claim form to avoid delays:

- Is the stated cause of damage as a result of a single incident?
- Is the stated cause of damage consistent with the damage sustained and the repairs to be undertaken?
- Is the damage caused by multiple, unconnected events? If so, each event is a separate claim and requires completion of a separate claim form and excess payment.
- Have you properly described how the damage or theft occurred on the claim form?
- Have you reported the theft to the police and recorded the police report number?
- Have you considered whether any repairs could be covered under warranty?

**Please Note:** The information provided in this document is for information purposes only. It is not intended to bind the Insurer in any way. Please refer to your policy wording for full details of your cover and exclusions.

# CLAIM FORM

**ISSUED BY:** Chubb Insurance Company of Australia Limited ABN 69 003 710 647 AFS Licence No. 239778

**CLAIMS ADMINISTERED BY:** Protecsure Pty Ltd ABN 26 094 997 163 AFS Licence No. 238815

The issue of this form does not constitute an admission of liability on the part of the Insurer.

**PLEASE PRINT CLEARLY IN BLOCK LETTERS**

POLICY DETAILS		
Name of Insured:		
Address Details:		
User's Name:		
Contact Details:	Phone:	Email Address:
Is there any other insurance in place that could cover this loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please provide details below: Name of Insurer: _____ Policy Details: _____
THE EQUIPMENT		
Manufacturer and Model:		
Serial No:		
If leased, please provide contract no.:		
CLAIM DETAILS		
Date of Incident:		
Nature of Incident: (please tick)	<input type="checkbox"/> Accidental Damage	<input type="checkbox"/> Theft (Go to page 2)
ACCIDENTAL DAMAGE (if applicable)		
How did the damage occur?		
What damage was sustained?		

**THEFT/LOSS (if applicable)**

Where did the theft or loss take place?

 Home  School  Work In Transit (please state the type of transport e.g. bus) \_\_\_\_\_ Vehicle Other (please provide details) \_\_\_\_\_

Please describe how the theft/loss occurred:

Approximate time of theft/loss:

At the time of loss, how long had the equipment been left unattended?

Were the vehicle/premises locked?  YES  NO

If "NO", why not?

How was access gained to the vehicle / premises?

If stolen from a vehicle, please indicate location of equipment in the car at time of theft:

Police Notified at \_\_\_\_\_ Station, on (Date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ (am / pm)

Receiving Officer's Name:

Event / Offence Report No:

**DECLARATIONS**

I/We acknowledge that I/We have read and understood the Privacy Act information at [www.protecsure.com.au](http://www.protecsure.com.au) and consent to the collection, storage, use and disclosure of my/our personal and sensitive information so that Protecsure, as agent for Chubb will be able to process my/our claim.

I/We the Insured do solemnly and sincerely declare that I/we have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or willful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim.

Further, it is understood and agreed that if any Property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the Company any sum which may have been paid to me/us in the respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

SIGNATURE OF INSURED: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME: \_\_\_\_\_

Please return claim form together with requested documentation to Protecsure Pty Ltd:

POST: PO Box 1239, QVB SYDNEY NSW 1230

FAX: 02 9262 5004