



DRY CLEANERS FACILITY

Public Liability Insurance Claim Form

The supply or acceptance of this form is not an admission of liability on the part of the insurer.

Full Name:	
Address:	
Bus Phone:	
Fax Number:	
Australian Business Number	ABN:

Are you registered for GST? Yes No

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium? _____ %

Details of Loss, Damage or Occurrence

Date of loss, damage or occurrence:

When was it reported to you (if applicable)?

Place and/or premises where it occurred:

Please state full details of how loss/damage/accident occurred:

Please state nature of damage or injury:

Did you admit liability in any way?

DECLARATION
(must be completed)

1. 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 have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.
2. 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 respect of 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.
3. I/We acknowledge that I/We have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.
4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Date: _____

Signature: _____

Privacy

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, and other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

Internal Dispute resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external complaints scheme (subject to eligibility).



OWNER'S REPORT AND AFFIDAVIT OF DAMAGE OR MISPLACEMENT

Claimant Details

Claimant's name (please print):
Address:
State:
Postcode:
Telephone:
Fax:
Are you registered for GST purposes?

Form fields for claimant details including checkboxes for GST registration and ABN entry.

Drycleaner Claimed Against

Drycleaner's name (please print):
Address (branch where item's cleaned):
Contact name:
Position:
Date garment delivered to drycleaner:
Date Collected:
Docket no:
(please attach dry cleaning docket)
Cleaning charge:

Form fields for drycleaner information.

Garment Details

Description of garment:
Type of material:
Brand or manufacturer:
Place made:
Date purchased:

Form fields for garment details.

Purchase price:

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Purchased from (please attach sales docket if available):

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Approximate number of times worn or used:

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Is the item/s covered by an insurance policy? If so, please advise details:

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Damage or Misplacement

Description of damage/loss (use over page if insufficient room):

Lost Garments

In the event of a lost garment being found within three months, I am prepared to repossess it by refunding the amount settled on.

International Fair Claims Guide

This claim will be subject to depreciation in accordance with the International Fair Claims Guide and with the type, age and condition of the item/s being taken into account.

Note: Any individual items claimed over \$500 require a replacement quote.

Note: Claim could be subject to assessment by CGU appointed assessor.



DECLARATION

I declare that I am the owner of the above item/s and make this Declaration conscientiously believing the same to be true and correct and in accordance with the appropriate legislation of the State in which this Declaration is made rendering persons making a false declaration punishable for wilful and corrupt perjury.

Declared at: _____

Signed: _____

To be declared before a JP or equivalent.

Sworn before me in the State of _____, this _____ day of _____ 20____.

Signed: _____

Authority: _____