

# Commercial Property Claim Form

**IMPORTANT NOTICE TO POLICY HOLDER.**

It is essential that this form be returned directly to Ansva Insurance, with all questions answered, at the earliest opportunity. Please print your answers and  where appropriate.

**1. Policyholder details**

Name/Business name:  Policy Number:

Address:  State:  Post Code:

Telephone: Home  Telephone: Work  Telephone: Mobile  Email:

**2. Date of loss**  /  /

**3. Nature of loss (burglary, fire, etc)**

**4. Address of the premises at which the loss was sustained**

Address:  State:  Post Code:

**5. Describe how the loss occurred**

**6. Was another person responsible for the damage to your property?**

Yes  No  *If yes, name and address of person responsible*

Name  Address:  State:  Postcode:  Telephone:

**7. If burglary, method of entry**

**8. Damage caused by entry**

**9. Have the police been notified?**

Yes  No  Which police station?  Police report number

**10. Goods and services tax** To ensure you do not incur any unnecessary GST liabilities on this claim complete these details

Are you registered for GST purposes? Yes  No  What is your ABN?

If you have registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy? Yes  No

Is the amount claimed less than 100% of the GST applicable to the premium? Yes  No  Specify the percentage amount claimed?  %

## 11. Electronic Funds Transfer

Settlement of your claim may involve a cash settlement. Please complete the following if you are interested in an EFT Payment.

Account name

BSB number

Account number

**12. Complete details overleaf before signing below** I declare that all the information I have given is true and correct.

Signature

Date

Name

## Contact Us.

Claims Team:

Ansvar Insurance Limited  
Level 5, 1 Southbank Boulevard  
Southbank Vic 3006  
Ph: 1300 650 540

All correspondence:

GPO Box 1655  
MELBOURNE VIC 3001  
Email: [claims@ansvar.com.au](mailto:claims@ansvar.com.au)

## Privacy Act

The Privacy Act sets out how we are to collect, use, disclose and protect your personal information. It also describes the circumstances for you to access and, if necessary, correct your personal information. You may access your personal information by contacting the Claims Team on 1300 650 540 or [claims@ansvar.com.au](mailto:claims@ansvar.com.au).

The information we collect is used to assist us to provide you with our general insurance products and to manage our relationship with you. At times we rely on third party suppliers (agents, lawyers, other insurance companies, assessors, investigators, loss adjusters, market research and mailing houses) to perform specialised activities for us. Your personal information may be provided to them so that they can carry out their agreed activities. They are bound by confidentiality and non-disclosure agreements and are prohibited from using the information for any other purpose. These service providers are aware of their obligations under the Privacy Act and the General Insurance Code of Practice.

1300 650 540 [www.ansvar.com.au](http://www.ansvar.com.au)

Ansvar Insurance Ltd. ABN 21 007 216 506 AFSL 237826  
Member of the Ecclesiastical Insurance Group  
COMPRCF v1 0815

