

Ansvar Insurance Claim Form



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

Office use only Claim number

1. Policyholder details

Name/Business name

Policy number

Address

State

Postcode

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

State

Postcode

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. Damaged 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

/ /

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