



Unimutual Limited
ABN 45 106 564 372
AFS Licence No 241142

Property Protection Claim Form

A member of Unimutual should complete this form to apply for protection under the Property Protection.

Please complete all sections as fully as possible and attach additional pages if necessary together with copies of all relevant documents, quotes and tax invoices.

Please contact us if you have any questions in relation to completion of the form.

The completed Claim Form should be sent to:

Unimutual Limited
PO Box H96
Australia Square NSW 1215
Fax 02 9247 1400
Email jamie@unimutual.com.au

A. Details of Member

1. Member Name

Contact Person

Telephone

Fax

Email

Member Claim Reference, if applicable.

B. Details of Event

2. Date of Event

3. Time of Event

4. Where did the event occur?

5. Is any Third Party to blame for the loss or damage? If so, give name and address.

6. Brief description of loss or damage (including cause)

C. Claims for loss by BURGLARY, THEFT OR MALICIOUS DAMAGE

7. Method of Entry

8. The extent to which the items were protected from loss or damage at the time of the occurrence, e.g. securing cable and/or serial numbers engraved.

9. Have Police been notified? If so, give station and date.

D. Claims for MACHINERY BREAKDOWN

10. Is the equipment under any warranty or maintenance agreement?

11. Is the equipment under lease – if so, who has responsibility to insure?

E. Other Particulars

12. Name of owner of property lost/damaged

13. Is the lost/damaged property subject to any hire, loan or lease agreement?

14. Details of other insurances covering damaged property, e.g. Contract Works

15. Name of Adjuster/Assessor appointed by Member (if any)

F. SCHEDULE OF LOSS OR DAMAGE

16. LOSS OF PROPERTY

Description of Property for which loss is claimed	Serial Nos. of items	Current Replacement Cost	Value of salvage (if any)	Date of purchase or acquisition	Amount of loss or damage claimed
Amount Claimed					\$

17. DAMAGE TO PROPERTY

Description of Property and scope of damage	Name of Repairer (Invoice/quotation to be attached)	Cost of Repairs
Amount Claimed		\$

18. MACHINERY BREAKDOWN

Machine/Appliance	Maker	Date of Purchase	Name of Repairer (Invoice/quotation to be attached)	Cost of Repairs
Amount Claimed				\$
Total Claim				\$
Less Retention				\$
Net Amount Claimed				\$

NOTE:

- (1) Tax Invoices for repairs or replacement must be submitted.
- (2) Where an item of equipment must be replaced, and you propose to replace that item with:
 - The same brand of equipment, but a different model; or
 - A different brand of equipment

You must indicate whether the replacement equipment is the equivalent of, or better or more extensive than, the equipment it is replacing.

G. Declaration

I, Full Name

Position

of the Member and on behalf of the Member declare the above answers to be true and correct and acknowledge that Unimutual may make its decision to exercise discretion to grant protection having regard to these answers.

Signature

Date