



GENERAL CLAIM FORM

The company does not admit liability by the issue of this form. It is issued to enable the insured to lodge a written state of claim.

Name of Insured			
Address of Insured			
Business/Occupation			
Telephone Number		Mobile:	Fax:

Policy Type			
Policy Number			
Name of Broker/Agent		Broker Closing No.:	

DETAILS OF THE LOSS / INCIDENT

Date of Loss / Incident:			
Where did the loss occur?			
Did you report this to the Police?	<input type="checkbox"/> YES , date:		Police Report No.
	<input type="checkbox"/> NO , why?		

Describe how the incident occurred:			

Do you consider any other party responsible?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES , give details:		



GENERAL CLAIM FORM

PLEASE FILL IN ALL RELEVANT SECTIONS (PRINT YOUR ANSWERS)

Are you the sole owner of the property lost or damaged?	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
If NO, Please give details:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>					
Do you hold other insurances under which a claim for this incident may be made?	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
If YES, please give details:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>					
Have you previously in the last 3 years made a claim against any insurance company?	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
If YES, please give details:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>					

SCHEDULE OF PROPERTY

Description of property lost (list items separately)	Date Purchased	Place Purchased	Purchase Price (Kina)	Replacement Cost (Kina)	Depreciation for age & condition	Amount Claimed (Kina)



GENERAL CLAIM FORM

FOR GLASS, WASH BASIN, AND OTHER BREAKAGE CLAIMS

Was the insured item cracked prior to the incident?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please give details:			

FOR FIRE & IMPACT CLAIMS ONLY

If a dividing fence or party wall was damaged, give name and address of joint owner			
If damage was caused by a vehicle, give details of Owner, Driver and vehicle Registration No.			
Vehicle details:			
Driver / Owner details:			
License No.:		Class:	Expiry Date:

FOR STORM AND TEMPEST AND WATER DAMAGE CLAIMS ONLY

Note: Do not delay emergency repairs to prevent further damage.

What steps have been taken to minimise damage?			
Has the building been physically damaged?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please give details			
If there has been no physical damage to the building, give details of how water entered the premises			

EVIDENCE OF OWNERSHIP AND VALUE

Please attach your receipts or other documents to establish evidence of ownership and the value of each item. In case of equipment or property e.g. bicycle, television receivers, supply evidence of serial numbers for our confirmation to manufacturers and the Police.

Damaged property must not be disposed of until authorised by Southern Cross Assurance Limited.



GENERAL CLAIM FORM

DECLARATION

I/We declare that all the particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld, that no other person(s) have an interest of any kind in the said property and that all conditions stipulations of the policy have been complied with.

WARNING: Wilful or reckless exaggeration or inflation of the amount claimed may forfeit the claim.

I/We hereby claim from the Company in respect of the said loss, damage or accident and declare that the amount claimed above is based on true value at time of loss.

Sign here

Claimant: _____

Date: _____

IMPORTANT INFORMATION

- Do not admit liability – Ask for any claim to be put in writing and refer all correspondence to Southern Cross Assurance Limited (SCAL)
- Make sure you give us all the details about you claim, Attach a separate sheet if you have insufficient space on this form.
- Send all quotations you have received to repair to replace damaged property or invoices or receipts if the goods have already been repaired.

In event of a claim, Southern Cross Assurance Limited (SCAL) will:

- Within ten business days of receipt of your claim, notify your broker (or you) of our decision as to whether the claim has been accepted or not or, advise you if we require additional information and/or notify you within 5 days if we have appointed a loss adjuster.
- For claims where additional information is required, we will make a decision within 20 business days, dependent upon the time required for you (or other independent parties) to respond to a request for additional information.
- In some cases, due to unusual circumstances, or the complexity of a claim, these timeframes may not be practical and we will agree to an alternative time-frame with your broker or you to make a decision on your claim.

GENERAL CLAIM FORM

PRIVACY

- We need personal information about you to assess your claim. We will where relevant, disclose your personal information (other than sensitive information such as health information to your advisor and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, and other business partners for this purpose.
- Whether relevant, to assess your claim we will also disclose personal information, including sensitive information about you such as health information to medical practitioners, other health professionals, other insurers and re-insurers, legal representatives and other consultants. By signing this claim form, you consent to those organisations and other professional collecting, and us disclosing information about you for this purpose.
- In some cases, assessment and settlement of the claim is undertaken in conjunction with our insured. For example, we may act as an agent for our insured or the cost of claims may be shared between us and our insured. In these cases, your personal and/or other sensitive information will be shared between us and our insured (or the representative) for the purpose or managing claim;
- A list of the type of service providers, business partners and consultants we commonly use is available on request.
- If you do not provide the information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim.
- We may also disclose personal information about you anywhere we are required and permitted to do so by law.
- In most cases, on request we will give you access to the personal information we hold about you.
- If you would like to find out more information, you can contact us by telephone on 304 3800, or email us on info@scal.com.pg, or visit us on Level 9 of Monian Tower, Douglas Street, Port Moresby.