

Claim Form

General



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.

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 your claim. Attach a separate sheet if you have insufficient space on this form.
- Send all quotations you have received to repair or replace damaged property or invoices re receipts if the goods have already been repaired.

In the 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 / assessor.
- 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.

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 professionals 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 their representative) for the purpose of 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 requested 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 where we are required or 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, you can contact us by telephone on 3217594, e-mail us at info@scal.com.pg or write to us.

Details of the Insured

Name of Insured					
Address of Insured					
Business / Occupation					
Phone number		Mobile Number		Fax Number	
Policy Type					
Policy Number			Expiry Date		
Name of Broker/Agent			Broker Closing Number		

Details of the loss / incident

Date of the incident			
Where did the accident / incident occur			
When did you report this to the police		Police Report No.	
Describe as fully as possible how the incident occurred.			

Do you consider any other party responsible for the incident? YES () NO ()

If YES, please give details:-

Please fill in all relevant sections (Please PRINT your answers)

Are you the sole owner of the property lost or damaged? YES () NO ()	
If NO, please give details	
Do you hold any other insurances under which a claim for this incident may be made? YES () NO ()	
If YES, please give details	
Have you previously (in the past three (3) years) made a claim against any insurance company? YES () NO ()	
If YES, please give details	

Schedule of Property

Description of property lost or damaged (state each article item separately)	Date of purchase	Place of Purchase	Purchase Price (Kina)	Present Cost of Replacement	Depreciation for age and condition	Amount Claimed (Kina)

Description of property lost or damaged (state each article item separately)	Date of purchase	Place of Purchase	Purchase Price (Kina)	Present Cost of Replacement	Depreciation for age and condition	Amount Claimed (Kina)
Total Amount Claimed						

For Glass, Wash Basin and other breakage claim, was the insured item cracked prior to the incident? YES () NO ()						
If YES, please give details						
For FIRE or 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 number.						
Vehicle details :						
Driver / owner details:						
Licence No		Class		Expiry Date		
For STORM and TEMPEST and WATER DAMAGE claims only						
Note : Do not delay in taking necessary action, such as emergency repairs, to prevent further damage.						
What steps have been taken to minimise damage?						
Has the building been physically damaged? YES () 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.

Declaration

I/ We declare that all the particulars stated above and statements made in support 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 and 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.

Signature	Date...../...../.....
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