



Property Claim Form

Return to: generalclaims@lgisw.com.au
or mail to LGIS, PO Box 1003, West Perth WA 6872

Ensure all photographs and repair quotes are attached

1. Your details

Name of organisation:

Contact name and position:

Phone number: Email address:

Address:

State Postcode

2. Type of claim

Please insert cause below, e.g. burglary, vandalism, storm, fire or other (please specify)

3. Incident details

Date of incident Time am pm

4. Where did the incident occur

Address:

Location or building name:

LGIS ref/asset number on insurance schedule:

The last date the asset was valued:

5. Incident description:

Please give a description of how the incident occurred. Provide as much details as possible.

6. Your details:

The police must be notified of all burglary, theft and vandalism losses.

Have the police been notified?

Yes No

Police Station:

Date reported: Police report number:

Have you taken any other action to recover or reduce your loss?

Yes No

Please give details:

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

7. Security:

What precautions/security improvements have been made since the loss?

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

8. Other insurance:

Is there any other insurance on the property which is the subject of the claim?

Yes No

Name of insurer: Policy number:

9. Witness:

Name:

Phone number: Email address:

Address:

State Postcode

10. Schedule:

| Description of property lost/stolen/damaged | Year purchased | Replacement value (new condition) | Cost of repairs (if damaged) | Amount claimed |
|---|----------------------|-----------------------------------|------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

All repair invoices, quotes or receipts must be submitted to LGIS prior to the settlement of the claim so please forward these as soon as possible to avoid any delays in processing.

11. Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect his claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

Signature:

Date: