

Tokio Marine & Nichido Fire Insurance Co., Ltd.

ABN 80 000 438 291 Managing Agent in Australia:

Tokio Marine Management (Australasia) Pty. Ltd.

ABN 69 001 488 455

Email:

Level 31, 9 Castlereagh Street, Sydney NSW 2000 GPO Box 4616, Sydney NSW 2001 Tel. (02) 9232 2833 Fax. (02) 9232 6374

http://www.tokiomarine.com.au

claimsinfor@tokiomarine.com.au

TOKIO MARINE GROUP

General Claim Form

YOUR PRIVACY

- We collect personal information about you (including the information you provide in this General Claim Form) to enable us to assess your claim and related purposes. We will, where relevant, disclose your personal information (other than sensitive information, such as information about your health) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters, investigators and solicitors) and other businesses we work with for this purpose. In some cases, we may need to share your information with our related companies overseas, including our head office in Japan.
- Where relevant, to assess your claim we will also disclose personal information collected from you, including sensitive information about you (such as information about your health), to medical practitioners, other health professionals, reinsurers, legal representatives and other consultants we use to help us assess your claim. By signing this General Claim Form, you consent to those organisations and other professionals collecting, and us disclosing, sensitive information about you for this purpose.
- A list of the type of our service providers, key business alliances and the 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 be able to assess your 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. Where we are unable to grant you access, we will tell you why.
- If you would like to find out more about our information handling practices, you can contact us by telephone on 02 9232 2833, or write to 'The Privacy Officer' at Tokio Marine & Nichido Fire Insurance Co Ltd, GPO Box 4616, Sydney, NSW, 2001. Please provide details of your policy number/s and/or claim number where known.



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PLEASE USE CAPITALS TO FILL IN CLAIM FORM

TOKIO MARINE GROUP

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 STATEMENT OF CLAIM

Please fill in all rele						
Policy Number				Expiry Date	Excess	
Name of Insured						
Postal Address						
Contact Person					Postcode	
Phone No				Mobile Number		
Email Address						
Goods and Services	s Tax – to er	nsure you do n	ot incur any u	nnecessary GST liability on this claim,	please advise	e your:
ABN				Entitlement to ITC in respect of	Premium	%
					Claim	%
Details of Claim						
Date of Event				Time		am/nm
Date of Event				Time		am/pm
Date of Event Where did the even (Give correct addre				Time		am/pm
Where did the even	ess)			Time		am/pm
Where did the even (Give correct addre	ess)			Time		am/pm
Where did the even (Give correct addre	ess)			Time		am/pm
Where did the even (Give correct addre	ncident Burglary or			Time		am/pm
Where did the even (Give correct addre Describe how the ir occurred If Claim for Loss by	ess) ncident Burglary or thod of entry ss (es) of			Time		am/pm
Where did the even (Give correct addre Describe how the ir occurred If Claim for Loss by Theft, describe met	ess) ncident Burglary or thod of entry ss (es) of			Time		am/pm
Where did the even (Give correct addre Describe how the ir occurred If Claim for Loss by Theft, describe met	ess) ncident Burglary or thod of entry ss (es) of			Time		am/pm
Where did the even (Give correct addre Describe how the ir occurred If Claim for Loss by Theft, describe met	ess) ncident Burglary or thod of entry ss (es) of			Time		am/pm

Special Risks, Burglary and The Note: Police complaint acknowledge.	eft, Malicious Damage Claims. ledgement forms to be attached to all claims of theft or loss.					
Have Police been notified?	Yes No					
Did the Police attend?	Yes No					
Police Station Reported to:						
Report/Event No:						
Have you taken any action to recover or reduce your loss?						
Is there any salvage?						
Are you the sole owner of the property, which is the subject of claim?						
Is there any other insurance on the property, which is the subject of claim?						
Have you ever filed a claim against any Insurance Company?						
Have you ever had any claim declined?						
Have you ever had any insurand declined?	De .					
Please Note						
Send all quotations you ha repaired.	he details about your claim. Attach a separate sheet if you have insufficient space. Ive received to repair or replace damaged property or invoices or receipts if the goods have already been aged items available for inspection. Damaged property must not be disposed of until authorised by The e Insurance Co. Ltd.					
Evidence of ownership and value	ue .					
Please attach your receipts or o						
	other documents to establish evidence of ownership and the value of each item. In cases of equipment or sion sets, etc, please supply evidence of serial numbers for our confirmation to manufacturers and the					
property, eg. Computers, televis	sion sets, etc, please supply evidence of serial numbers for our confirmation to manufacturers and the					
property, eg. Computers, televis police. Declaration – Read carefully be	fore signing lars stated above and statements made in support thereof are true and correct, that no information relevant d, that no other person(s) have an interest of any kind in the said property and that all conditions and					
property, eg. Computers, televis police. Declaration – Read carefully be I/We declare that all the particul to this claim has been withhel stipulations of the policy have be	fore signing lars stated above and statements made in support thereof are true and correct, that no information relevant d, that no other person(s) have an interest of any kind in the said property and that all conditions and been complied with. In pany in respect of the said loss, damage or accident and declare that the amount claimed above is based					
property, eg. Computers, televis police. Declaration – Read carefully be I/We declare that all the particul to this claim has been withhel stipulations of the policy have be I/We hereby claim from the Computer of the policy have be the po	fore signing lars stated above and statements made in support thereof are true and correct, that no information relevant d, that no other person(s) have an interest of any kind in the said property and that all conditions and been complied with. In pany in respect of the said loss, damage or accident and declare that the amount claimed above is based					
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Schedule of Property					
Description of property lost or damaged (state each article/item separately	When & where purchased	Purchase Price \$	Present cost of replacement	Depreciation for age and condition	Amount claimed
			Total Amo	ount Claimed \$	