

We are available 24 hours a day by calling 1300 559 019. Please use this form to gather the information and return it to us via the following methods:

Telephone: 1300 559 019

E-mail: Once completed, **SAVE** this file to a location on your computer then e-mail it to claims@bhinsurance.com.au.

Fax: Print this form and fax to 1300 764 496

Please include any images or supporting documentation if you e-mail or fax this form.

Once received and we have lodged the claim, you will receive confirmation of receipt via e-mail and we will contact you if any further information is required.

Policy Number

Broker Reference

Insured Details

First Name

Surname

Home Telephone Number

Mobile

E-mail

Loss Details

Date of Loss

Time of Loss

How did the loss or damage occur?

If Theft/Burglary, how was entry gained?

Building Damage - Provide a description of the damage (if applicable)

Loss or Damage to Contents

Please provide description of item/s (include brand name, model, specification, date of purchase, where purchased, warranty information, age of motor (if applicable) and cost of items. There will be room at the end of this form to input additional information if required.

Items Description/Brand/Model	Purchase Date	Purchase Price	Purchase Location
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If any item/s damaged had a motor, please describe the item/s including the motors age.

When was the property last occupied?

Are you the sole owner of the property lost or damaged?

If no, please list the details of the interested parties

Police/Fire Details (Police details required for claims involving Theft, Burglary, Accidental Loss, Malicious Damage/Vandalism)

Police Station

Police Reference Number

Date Notified

Was the loss reported to the fire department?

Reference Number (if applicable)

Other Insurance

Was the loss or damaged property insured under any other policy?

If yes please provide the name of the insurer and the policy number.

Insured Bank Details - For fast and efficient claims settlement BHIA uses direct bank transfer where applicable. Please provide the details on the Electronic Funds Transfer form attached at the end of this document.

Third Party Details (if applicable)

First Name

Surname

Address

Relationship to you.

Contact Telephone Number

GST Information

Have you or do you intend to claim the GST on the premium paid on this policy as an input tax credit for your business?

If yes, please provide the proportion of the GST you will be claiming as an input tax credit and your business ABN.

Percentage Claimed

ABN

Additional Details

Use this area to add any additional details that could not fit in the space above or any other relevant information.

For fast and efficient claims settlement, BHIA uses direct bank transfer where appropriate. Please complete this form as soon as you client lodges their claim so we can make payment as soon as the claim is approved.

Please return the completed form to Innovation Group via return e-mail to your claims handler or to claims@bhinsurance.com.au or fax 1300 764 496

CLAIM NUMBER

Claim
Number

POLICY HOLDER DETAILS

Mr Mrs Miss Company

Name

BANK ACCOUNT DETAILS

BSB Number - Six Digits

Account Number

Nominated Account Name

Bank, Credit Union, Building Society Name
