

Description of property lost/damaged/stolen (include names of owners of items if not owned by the insured)	Year Purchased	Where Purchased	Replacement or Repair Cost	Amount Claimed	ITC%* Entitlement
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
Total Claimed				\$	

(If insufficient space, attach list).

*NB: Please forward repair/replacement quotes for each item claimed.

Privacy Notice: Any personal information you provide is used by us to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may disclose your personal information to (and receive such information) from third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Monday-Friday and advise

us of the changes. If you do not provide us with the information requested in this form, we may not be able to process your claim. When you give personal information about other individuals we rely on you to have made or make them aware:

- that you will or may provide their information to us;
- the types of third parties to whom the information may be provided;
- the relevant purpose we and the third parties will disclose it to, will use it for; and
- how they can access it.

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

I/We acknowledge that I/we have read and understand the Privacy Notice above and consent to the collection, storage, use and disclose of personal and sensitive information of all persons affected by this claim with their approval.

Signature of Insured

Date