

Property Protection Claim Form

Members of Unimutual should complete this form to apply for protection under the Property Protection.

Please complete all sections as fully as possible and attach additional pages if necessary, together with copies of all relevant documents, quotes and tax invoices.

Please contact us if you have any questions in relation to completion of the form.

The completed Claim Form should be sent to: **claims@unimutual.com.au**

A. Key Details

1. Member Name

Contact Person

Email

Telephone

2. Member Reference Number

Unimutual Claim Number

3. Incident Date

Date Reported

B. Incident Description

4. Incident Type

Incident Cause

5. Brief Description

C. Location/Claimant

6. Campus

Building ID/Location

7. Other Location Details



8. Faculty/Division

School/Uni

If not included above, please provide other details as applicable

9. Affiliate Name (if applicable)

D. Additional Details

10. Is any Third Party to blame for the loss or damage? If so, give name and address

Claims for loss by BURGLARY, THEFT OR MALICIOUS DAMAGE

11. Method of Entry?

12. The extent to which the items were protected from loss or damage at the time of the occurrence, e.g. securing cable and/or serial numbers engraved

13. Have Police been notified? If so, provide Station and Date

Claims for MACHINERY BREAKDOWN

14. Is the equipment under any warranty or maintenance agreement?

15. Is the equipment under lease – if so, who has responsibility to insure?

Other Particulars

16. Name of owner of property lost/damaged

17. Is the lost/damaged property subject to any hire, loan or lease agreement

18. Details of other insurances covering damaged property, e.g. Contract Works

19. Name of Adjuster/Assessor appointed by Member (if any)

E. Schedule of Loss or Damage

20. LOSS OF PROPERTY

Description of Property for which loss is claimed	Serial Nos. of items	Current Replacement Cost	Value of salvage (if any)	Date of purchase or acquisition	Amount claimed
				Amount Claimed	\$

21. DAMAGE TO PROPERTY

Description of Property and scope of damage	Name of Repairer (Invoice/quotation to be attached)	Cost of Repairs
	Amount Claimed	\$

22. MACHINERY BREAKDOWN

Machine/Appliance	Maker	Date of Purchase	Name of Repairer (Invoice/quotation to be attached)	Cost of Repairs
			Amount Claimed	\$

Total Claim	
Less Retention	
Net Amount Claimed	

NOTE:

- (1) Tax Invoices for repairs or replacement must be submitted.
- (2) Where an item of equipment must be replaced, and you propose to replace that item with:
 - The same brand of equipment, but a different model; or
 - A different brand of equipment

You must indicate whether the replacement equipment is the equivalent of, or better or more extensive than, the equipment it is replacing.

F. Declaration

I, Full Name

Position

of the Member and on behalf of the Member declare the above answers to be true and correct and acknowledge that Unimutual may make its decision to exercise discretion to grant protection having regard to these answers.

Signature

Date

Please indicate the number of additional pages attached to this Claim form

When complete, please save a copy of the form and email to: **claims@unimutual.com.au**