



# BurMac Insurance Solutions Claim Form

Please complete all sections relevant to your claim and forward to our Claims Team:

Email: [claims@burmac.com.au](mailto:claims@burmac.com.au)

Fax: 02 6884 9230

Post: PO Box 1376 DUBBO NSW 2830

## INSURED DETAILS

Policy Number \_\_\_\_\_

Insured Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Insured Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Preferred Contact Method please tick Phone  Email

## GST

Are you registered for GST? please tick Yes  No

If Yes, What is your ABN Number? \_\_\_\_\_

Have you claimed or intend to claim an input tax credit on the GST Component of the **premium applicable to the Policy**? please tick

No  Yes  If Yes, Specify amount claim % \_\_\_\_\_

Are you entitled to claim an input tax credit for repairs or replacement of the **item that has been lost or damaged**? please tick

No  Yes  If Yes, Specify amount claim % \_\_\_\_\_

## CLAIM PAYMENT DETAILS

If your claim is accepted and a cash settlement is due, the funds will be settled via an EFT payment. Please provide your banking details below.

Bank \_\_\_\_\_ BSB \_\_\_\_\_

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

## LOSS DETAILS

Claim **Type** please tick

Motor

Property   
Incl Fire, Theft etc

Liability

Breakdown

What **Date** did the Loss Occur? \_\_\_\_\_

What **Time** did the Loss Occur? \_\_\_\_\_

**Address** of Loss? \_\_\_\_\_

**Description** of LOSS please provide as much detail as possible of how the loss occurred

Were there any **Witnesses** to the Loss? Yes  No

Is Yes, Please provide their Name & Contact Details below

Has the Loss/Incident been **reported to the Police**? Yes  No

**Police Event Number:** \_\_\_\_\_

**List of Items** Lost/Stolen/Damaged please attached a separate list if you require more room

	Description	ID/Serial #	Sum Insured/ Value
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

Please attach **Quotes** and **Repairer Reports** to repair or replace the above items when you submit this Claim Form.

## MOTOR ONLY

Year, Make & Model \_\_\_\_\_

Rego \_\_\_\_\_

VIN \_\_\_\_\_

Engine Number \_\_\_\_\_

Is this vehicle registered for Business Purposes? please tick

Yes  No

ITC % \_\_\_\_\_

Drivers Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Licence Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Have you had any **traffic convictions and/or traffic offences** or been involved in any motor vehicle accidents in the past five (5) years? Yes  No

If Yes, Please provide details \_\_\_\_\_

Did the driver consume any **Drugs, Alcohol or Medication** in the 12 hrs prior to the accident? Yes  No

If Yes, Please provide details \_\_\_\_\_

Was the vehicle **Towed**? Yes  No

If Yes, Please provide of Towing Company and where vehicle was towed to \_\_\_\_\_

Is there any **pre-existing damage** to this vehicle? please tick Yes  No

Please provide details of your **preferred repairer** \_\_\_\_\_

Were any other **Vehicles or Property** damaged? Yes  No

If yes, please provide details below

	Vehicle or Property 1	Vehicle or Property 2
<b>Name of Other Driver</b>		
<b>Address</b>		
<b>Age</b>		
<b>Phone Number</b>		
<b>Licence Number</b>		
<b>Vehicle Make &amp; Model</b>		
<b>Rego</b>		
<b>Insurance Company</b>		

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 consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_