Property damage claim form

### IMPORTANT

This form should be completed for any damage to the VMIA insured client’s property and returned to:

**Email:** [claims@vmia.vic.gov.au](mailto:claims@vmia.vic.gov.au)

OR

**Mail:** Claims Department  
Victorian Managed Insurance Authority  
PO Box 18409, Collins St East, Victoria 8003.

Fully complete **both** sides of this form, where applicable and forward any statements from witnesses and/or employees to this office.

**IF THERE IS NOT ENOUGH SPACE for your answer in any section, please write the details on a separate sheet of paper.**

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| Insured client details |
| Insured client name: |
| Address: |
| Contact person: |
| Location/Situation of loss: |
| Telephone: |
| Fax: |
| Email: |
| Are you registered for GST purposes? Yes  No  If yes: what is your ABN: |
| Have you claimed an input tax credit on the GST applicable to this policy? Yes  No  If yes: is the amount claimed less than 100% of the GST applicable to the premium? Yes  No  If yes: specify the percentage amount claimed:       % |

|  |  |
| --- | --- |
| Electronic Funds Transfer Details | |
| Following VMIA approval of your claim, should you wish to have your claim benefits transferred directly into your bank account, please provide the following details: | |
| Name of financial institution: | |
| Account name: | |
| BSB number: | Account number: |
| Remittance advice email address: |  |

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| Incident / Loss details |
| Date of loss / incident:      /     / |
| Time of incident: |
| Precisely how did the damage/ loss occur? |
| Were there any witnesses to the accident? Yes  No  If yes, provide contact name/ address / telephone: |
| Was a report made to the Police: Yes  No  If yes, a copy of the police report must be provided to VMIA. |

### Schedule of property losses

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| --- | --- | --- | --- |
| Description | Purchase date | Purchase cost | Salvage value (if any) |
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### PLEASE NOTE:

In support of a claim for lost or damaged items you must submit (either with this claim form or as soon as possible   
after submission):

* a copy of the purchase invoice for each item, or similar evidence of ownership, or a copy of the relevant extract(s) from your entity’s asset register;
* a copy of any relevant police report where necessary e.g. stolen property; and
* written quotations for repair or replacement of each item, or an item of comparable size, quality and performance.

Name (please print):…………………………………………………

Position: ……………………………………………………………….

Signature: ……………………………………………………………..

**Dated:**      /      /     

### DECLARATION

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to the VMIA using personal information I have provided on this form for the purpose of processing the claim. However, I understand that if I choose not to provide the required details, this is my choice and that VMIA may not be able to process the claim.

I consent to the VMIA disclosing personal information to other insurers or as required by law. I consent to VMIA also disclosing personal information to and/or collecting additional information from investigators, legal advisers, medical advisers, actuaries or other advisers whom VMIA may engage to assist in processing this claim.

Signature of the Insured or person with authority to sign for and on behalf of the Insured.

Signature:………………………………………………………… Dated:      /      /

Any personal information you provide (or provided by a third-party such as a government body) in this Form is being collected by the VMIA for the purpose of administering VMIA’s functions, under s6 of the Victorian Managed Insurance Authority Act 1996 (Vic), namely to provide insurance, risk advisory and claims handling services. Any personal information you provide will be treated according to the requirements of the Privacy and Data Protection Act 2014 (Vic), the Information Privacy Principles and the Victorian Protective Data Security Standards. VMIA will not act or engage in any practice that contravenes these provisions. Information will be handled in line with VMIA's Privacy Policy. You have the right to access and correct your personal information. Requests for access should be sent to the Privacy Officer, VMIA, PO Box 18409, Collins Street East, VIC 8003 or privacy@vmia.vic.gov.au.