

Property Claim

If your agency uses electronic claims lodgement use eClaims to submit your claim, rather than filling out this form.

1. Agency details

Agency name:	
Address:	
Contact name:	
Phone:	Email:
Risk/cost centre:	

2. Incident details

Date of incident:	Time: am/pm		
Address of incident?			
Previously reported to us?	Yes <input type="checkbox"/>	If yes, please provide the claim number:	No <input type="checkbox"/>
Was it during operational hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Was it discovered during a stock take?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Detailed description of incident:			
Description of loss or damage:			
Do you consider any person(s) responsible for the loss or damage?		Yes <input type="checkbox"/> If yes, please provide details:	No <input type="checkbox"/>
Name:			
Address:			
Phone:		Email:	
Insurer:		Policy Number:	
Who owns the property?	Agency <input type="checkbox"/>	On loan <input type="checkbox"/>	Leased <input type="checkbox"/> If leased, please include lease contract.
If the claim relates to private or personal property, please complete the Property Claim for Personal Items form.			
What security measures are in place at the location?			
Was the theft or malicious damage reported to the Police?		Yes <input type="checkbox"/> If yes, please provide the report number:	No <input type="checkbox"/>
Provide details of precautions taken to avoid further loss or damage:			
If repairs have been carried out, who should be paid? (Attach the repairer's report, quotations, invoices and any technical reports)			
Is there other insurance cover on the property?	Yes <input type="checkbox"/>	If yes, please provide the policy number (if known):	No <input type="checkbox"/>
Insurance company:			

3. Witness details

Were there any witnesses to the incident?	Yes <input type="checkbox"/> If yes, provide details:	No <input type="checkbox"/>
Name:		
Address:		
Phone:	Email:	

4. Statement of claim**Attach:**

- a. Proof of Purchase
- b. Asset/Resource Register highlighting item being claimed
- c. Technician report (if applicable)
- d. Replacement/Repair quote

Description of Lost/Damaged/Stolen Property include make and model	Year purchased	Asset/Resource number	Serial number	Amount claimed
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

5. Claimant declaration

I declare that the details submitted are true and correct.

Signature:

Date:

Name:

Position Title:

Phone:

Email:

6. Agency declaration and authorisation. An unsigned form will not be accepted and returned to you.

I declare that I am a person authorised to lodge this claim with the Insurance Commission on behalf of the abovementioned agency.

Signature:

Date:

Name:

Position Title:

Phone:

Email:

Please submit the completed form to gi.propertyclaims@icwa.wa.gov.au