

Property Claim for Personal Items

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

If you provide personal information in this form, please note that the Insurance Commission of Western Australia collects this information to assess and manage your property insurance claim. During the course of your claim, we will continue to collect other personal information from you and/or other relevant parties (including your agency, loss assessors, etc) for the same purpose. Your information may be shared with other authorised parties where necessary and authorised by law. By completing and submitting this form, you acknowledge the collection, use, and disclosure of your personal information for these purposes. For further details on how we handle your personal information, please read our Privacy Policy at icwa.wa.gov.au/privacy.

1. Agency details

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

2. Claimant details

Family name:	Given name(s):
Address:	
Date of birth:	Phone:
Email:	

3. Incident details

Date of incident:	Time:	am/pm
Address of incident?		
Previously reported to us?	Yes ☐ If yes, please provide the claim number:	No ☐
Was it during operational hours?	Yes ☐ No ☐	
Detailed description of incident:		
Description of loss or damage:		
Do you consider any person(s) responsible for the loss or damage?		Yes ☐ If yes, please provide their details. No ☐
Name:		
Address:		
Phone:	Email:	
Insurer:	Policy Number:	
If private, was the property being used for business related purposes?	Yes ☐ No ☐	
Did the person have the agency's authorisation to use the private property?	Yes ☐ No ☐ If yes, please attach a statement supporting this.	
Was the theft or malicious damage reported to the Police?	Yes ☐ If yes, please provide the report number:	No ☐

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 ☐ If yes, policy number (if known): No ☐
Insurance company:

4. Witness details

Were there any witnesses to the incident? Yes ☐ If yes, provide details. No ☐
Name:
Address:
Phone: Email:

5. Statement of claim **If not completed, claim may not be paid or may be delayed.**

Attach:

- a. proof of purchase
- b. quotations or
- c. technician report.

Description of Lost/Damaged/Stolen Property include make and model	Year purchased	Where purchased	Original purchase price	Amount claimed
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

6. Claimant declaration

I declare that the details submitted are true and correct.	
Signature:	Date:
Name:	Position Title:
Phone:	Email:

7. Agency declaration and authorisation. **An unsigned form will not be accepted and will be 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