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www.precisionunderwriting.com.au

FIREARMS PROPERTY CLAIM FORM

IMPORTANT NOTES

Duty of Disclosure

Before you enter into a contract of general insurance with an insurer you have a duty under the Insurance Contract Act 1984 to disclose to the insurer every matter that you know, or could reasonably expect to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

- Your duty, however, does not require disclosure of any matter;
- That diminishes the risk to be undertaken of any matter;
- That is of common knowledge;
- That your insurer knows or, in the ordinary course of their business, ought to know;
- As to which compliance with your duty is waived by the insurer

Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Privacy Statement

PRIVACY ACT 1988 – INFORMATION

Personal information is information about an identifiable individual and includes facts or an opinion about You which identifies You or by which your identity can be reasonably be determined. The collection of Your personal information is essential to enable Us to conduct Our business of offering and providing You with our range of financial products and services.

We collect personal information for the purposes of:

- Identifying You when you do business with Us;
- Establishing Your requirements and providing the appropriate product or service;
- Setting up, administering and managing Our products and services;
- Assessing and investigating, and if accepted, managing a claim made by You under one or more of Our products;
- Improving Our financial products and services, including training and developing Our staff and representatives

We may be required by Anti- Money Laundering/Counter Terrorism Financing Legislation to collect Your personal information.

Consequences if personal Information is not provided

If we request personal information about You and You do not provide it, We may not be able to provide You with the financial product or service the You request, provide insurance cover, manage or pay any claim under an insurance policy, manage Your product or provide any benefits, or provide You with the full range of services We offer.



General Information	
Insured Name:	
Trading Name:	
Contact Name:	
Address and/or Premises:	
Phone number and/or mobile Number:	
e-mail address:	
Police Report Details *Please note it is your responsibility to notify the police following an incident.	
Date Reported:	
Station Premises/Location:	
Police Report No:	
Fire Station Report Details *Please note it is your responsibility to report any loss or damage caused by fire to the Fire Station	
Date Reported:	
Station Premises/Location:	
Fire Station Report No:	



Details of Loss, Theft or Damage	
Date of Loss, Theft or Damage:	
Location of Loss, Theft or Damage:	
Who Reported or discovered the loss and under what circumstances:	
Are you aware of who is responsible for the Loss, Theft or Damage:	
Were the Premises Forcibly entered:	Yes: _____ No: _____ If yes, what evidence was given to prove the forcible entry?
Were the Premises Occupied at the time of entry:	Yes: _____ No: _____
What Security measures are in place to secure premises:	
Firearm Information	
Current Membership Number:	
What type of Shooting are you engaged in:	Recreational: _____ Professional: _____
What is your Firearms Licence Number:	*Please note we will require a copy of your firearms Licence and also a copy of the permit to acquire firearms
Repair /Replacement Information:	
Total Value Amount	AUD \$



you are Claiming:	
Can the Property be repaired:	YES: *If yes please include repairer quote NO:
Is there any outstanding monies owed on the Property that is lost, stolen or damaged:	Yes: No:
Settlement Details:	
If your claim is accepted and we offer you a cash settlement, please indicate your preferred method of payment below: Direct Bank Deposit (please give details below): or Mail Cheque: _____ Bank Name _____ Account Name: _____ BSB: _____ Account No: _____	
Additional information If the firearm is damaged please provide pictures of the damage with the claim. Do not dispose of the equipment as we may be able to recover some costs by salvaging it. Please advise when and where the equipment was purchased as well as purchase price at the time. _____ _____	



Declaration:

I/We declare the above particulars are a true account of the loss or damage sustained by me and that the claim shown above does not include any profit or advantage of any kind. I/We further declare that all the conditions and warranties of the Policy have been faithfully complied with and that no party insured has wilfully caused the said loss or damage or sought unjustly to benefit from it.

I/We acknowledge that any personal information that I/We have provided and/or will provide to Precision Underwriting Pty Ltd is necessary for and will be used in processing, assessing and investigation and/or review of this claim. I/We hereby authorise Precision Underwriting and/or its representatives and consent to Precision Underwriting and/or its representatives and/or consent to Precision Underwriting or its authorised agent to disclose my/our personnel information to or receive it from an investigator, assessor, surveyor, accountant, employer, past or present, supplier, health service provider, appointed, authorised broker, account broker and/or broker of the entity/body, corporate/organisation insured (Insured), State or Federal Authority, lawyer, another insurer or re-insurer (local or overseas), reinsurance broker, witness or another party to the claim. I/We will be provided with the opportunity to access my/our personal information (some restrictions and costs may apply).

I/We agree that a photo copy/scanned copy of this authorisation shall be considered as effective and valid as the original.

I/We do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail.

Warning: Persons made to have made a fraudulent claim are liable for Prosecution

Signature: _____ Date: _____ -

Print Name: _____

Witness Signature: _____ Date: _____

Print Name: _____