



GENERAL CLAIM FORM



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A. NOTES

1. It is most important that all questions are answered. If not applicable, write “n/a”.
2. The issue of this claim form is not an admission of liability by Trans Pacific Assurance Limited
3. If there is insufficient space or further comments on any area is considered necessary, please use additional pages.
4. All amounts marked with an Asterix(*) are in PNG Kina unless stated otherwise.
5. The content and use of this form, or any agreement entered into pursuant to this form, or any dealing in relation to, or arising from this form are governed by:
 - a) the laws of Papua New Guinea;
unless
 - b) the policy/ies refer to the laws of a different country applying, in which case, the law of that country, and in relation to those matters, the parties submit to the jurisdiction of the courts of that country.

NOTE: No liability of any sort shall be admitted nor any offer, promise or payment made by the assured to claimants nor legal expenses incurred without the written consent of the company who shall be entitled if it so desires to take over and conduct on the name of the assured the defence of any action, or to prosecute any claim or indemnity or damages or otherwise against any third party.

The assured also undertakes to send to the company as soon as possible, all claims letters, summonses or writs relating to any accident address to the assured or to the assureds or servants by the authorities or parties.



B. INSURED DETAILS

- 1. Name of Insured
- 2. Address
..... Postcode
- 3. Private Tel No..... Business Tel No
- Mobile Tel No..... Fax No.....
- 4. Email
- 5. Occupation

C. PROPERTY DETAILS

- 1. Are you the owner of the property being claimed for? Yes No

If "NO", please give details

.....
.....

- 2. Was there any other insurance covering this damage current at the time of the occurrence?

Yes No

If "YES", please give details

- 3. Name of insurer
- 4. Policy No
- 5. Name and address of other interested parties (eg. finance company, lease company)
.....
.....
.....
.....

D. DETAILS OF PREMISES

1. Where did the loss occur?

Address
 Postcode

2. Describe the premises (i.e. factory, warehouse, office block etc.)

.....

3. Are the premises tenanted? Yes No

If "YES", please give details of tenant

4. Were the premises occupied at the time of the loss? Yes No

If "NO", please give details of when last occupied?

By Who (Name)	Date Last Occupied
...../...../.....
...../...../.....

E. INCIDENT DETAILS

1. Date of incident/...../.....

2. Between the hours ofam/pm

3. How did damage or loss occur?

.....

4. Was another person responsible for the damage? Yes No

If "YES", please give details

Name
 Address.....
 Postcode

5. If the damage is the result of fire, did the fire brigade attend? Yes No



6. Have you made a claim with any other insurer for any of the above-mentioned incidents?

Yes No

If "YES", please give details

Insurer	Date	Amount (*)

F. STORM AND WATER DAMAGE DETAILS

1. Describe the damage

.....
.....

2. How did the wind, rain or water enter the premises?

.....
.....
.....

3. Did the storm cause this opening? Yes No

If "YES", please give details

.....
.....
.....

G. SECURITY DETAILS

1. Are any of these used to provide security to the premises?

- | | | |
|--|-----|----|
| a) Keyed window locks on all accessible windows | Yes | No |
| b) Grilles on all accessible windows and doors | Yes | No |
| c) Double keyed deadlocks on all perimeter doors | Yes | No |
| d) Fixed Safe | Yes | No |
| e) Freestanding Safe | Yes | No |
| f) Perimeter Alarm | Yes | No |

Please attach activity report for alarm

2. Did the alarm activate as a result of theft? Yes No

ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE

H. POLICE DETAILS

1. Have the police been notified? Yes No

If "YES", by whom?

2. Name
3. Telephone
4. Date notified//
5. Police station Crime report no.

Please attach a copy of the Police Report, if applicable.

I. CLAIMS DETAILS

Please attach quotations (subject to verification & acceptance by our appointed Loss Adjuster).
If insufficient space, please attach list and show total amounts only below.

1. DAMAGE TO BUILDING

Particulars	Name of repairer	Amount claimed (attach quotes)
TOTAL *		

2. LOSS OR DAMAGE TO OTHER PROPERTY

Description of property (include serial numbers)	Where purchased	When purchased	Value at time of loss *	Replacement value (attach quotes) *
TOTAL *				



Subject to an acceptance of liability by us, payments to Contractors, Tradesmen, Third Parties are required to be scrutinized and recommended for settlement by our Loss Adjuster or other Specialist Claims Professionals engaged by us.

J. DECLARATION

I/We declare that:

The information and answers given above are correct to the best of my/our knowledge and belief.

I/We understand the claim may be refused or reduced if information is withheld.

I/We authorise Trans Pacific Assurance Limited to disclose information contained herein to Trans Pacific Assurance Limited advisors, reinsurers, and other insurers. I/We authorise Trans Pacific Assurance Limited to obtain from any other party information that is, in Trans Pacific Assurance Limited's view relevant to this claim

Signature of Insured

Date/...../.....

K. SUPPORTING DOCUMENTS

Please confirm you have attached the following documents in order to assess your claim, without these documents we are unable to proceed:

1. Alarm Activity Report (where applicable)
2. Copy of Police Report (where applicable)
3. Witness Statements (where applicable)
4. 2 x Repair / Replacement Quotes
5. Proof of ownership / purchase receipts for items being claimed for

Should any further documentation be required to finalise the claim, your claims advisor will update you.

L. BANK PAYMENT DETAILS FOR YOUR CLAIMS REIMBURSEMENT

Account Name	
Account Number	
Bank name	
Branch	
BSB number	

Email remittance address	
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Please ensure this section is completed and submitted with Claim application to ensure efficient payment processing.



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THE INTELLIGENT INSURER