



* This form is issued to enable the Insured to lodge a written statement of claim. It does not constitute an admission of liability on behalf of your insurer.

Insured	Strata Plan No.		Policy No		Postcode		
	Location						
	Contact Person		Phone		Email		
	GST	Registered? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, your ABN is:			Input tax credit: %	
Details of Incident	Date	DD / MM / YY	Time				
	Particulars <small>(Attach details on separate sheet if necessary)</small>						
	Person responsible	Known? <input type="checkbox"/> Y <input type="checkbox"/> N	If Y, Name		Phone		
		Address					
Nature of claim	<input type="checkbox"/> Property	GO TO 1.	<input type="checkbox"/> Personal injury	GO TO 2.			
	<input type="checkbox"/> Plumbing	GO TO 3.	<input type="checkbox"/> Electric Motor fusion	GO TO 4.			
Property 1	Details of Property Damaged/Lost	Name of Third Party owner, if any	Date purchased	Original Price	Replacement Price	Amount claimed	
	Is this property covered by any other insurance? <input type="checkbox"/> Y <input type="checkbox"/> N			If Y, please attach details.			
	Third party address	(if any)			Phone/Email		
	All property maliciously damaged or lost MUST be reported to police.						
Police Report	Station		Date	DD / MM / YY			
	Officer		Report No.				
Personal Injury 2	Name of Injured		Age		Phone/Email		
	Address of Injured		State		Postcode		
	Cause of injury						
	Nature of injury						
	Witness? <input type="checkbox"/> Y <input type="checkbox"/> N	If Y, Name		Phone/Email			
Plumbing 3	Claim						
	Pipe made of	<input type="checkbox"/> PVC	<input type="checkbox"/> Copper	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Other		
	Work done						
	Apportion Costs	Search and Find	\$	Repair	\$	Reinstatement	\$
Please attach invoice showing details of charges.							
Motor fusion 4	Type of Motor		H.P. / KW				
	Age of Motor		Under warranty? <input type="checkbox"/> Y <input type="checkbox"/> N	Date purchased	DD / MM / YY		
	Cause of damage						
Please attach invoice(s) showing details of charges.							
Declaration	I hereby declare that the above answers to be true and correct in every particular and acknowledge that the Insurer may make its decision on indemnity having regard to these answers.						
	Signature			Date			



Privacy

Both CSI and Ansvr Insurance place the highest priority on providing prompt, efficient and friendly service including the protection of Your privacy.

We collect Your personal information to provide You with insurance products. The information We collect is used to assist Us to provide You with Our general insurance products, to manage Our relationship with You and to assess and process claims. We will not be able to supply You Our policy if You do not provide Us with Your personal information. The information is generally collected from you when You are applying for or enquiring about Our insurance products or when making a claim.

At times We rely on third party suppliers (agents, lawyers, other insurance companies, assessors, investigators, loss adjusters, market research and mailing houses) to perform specialised activities for Us. Your personal information may be provided to them so that they can carry out their agreed activities.

They are bound by confidentiality and non-disclosure agreements and are prohibited from using the information for any other purpose.

These service providers are aware of their obligations under the Privacy Act and the General Insurance Code of Practice. We are unlikely to provide your personal information to overseas recipients.

Our Privacy Policy includes further information about how We handle Your personal information including how You can access and correct Your information or make a privacy related complaint. For more information please visit Our website: www.ansvar.com.au or You can contact one of Our offices.

Complaints

If You have a complaint concerning the financial product or services provided to You please tell CSI who provided Your initial service. CSI will try their best to resolve Your complaint as soon as possible, usually within 24 hours.

- phone CSI +61 2 9419 2777
- fax CSI on +61 2 9419 7877
- write to CSI at PO Box 178, Chatswood NSW 2057.
- email CSI on info@csiuw.com.au

If you are not satisfied with the decision provided by Ansvr Insurance, we will refer your unresolved complaint (dispute) to the Secretary of the IDRC. We will request that you note your dispute in writing, to assist us in clarifying and considering all the facts.

This request can be sent to:

Post: The Secretary, Internal Dispute Resolution Committee, Ansvr Insurance Limited, GPO Box 1655, Melbourne VIC 3001
Fax: (03) 9614 2740
Email: insure@ansvar.com.au

Alternatively, if you require assistance in putting your complaint in writing, you can telephone (03) 8630 3100 and the Secretary of the IDRC will assist you. The IDRC has appropriate authority to deal with your dispute.

You will receive a response within seven (7) business days from the time your dispute was received, provided all the necessary information has been collected and we have completed any investigation required. If additional information or more time is required, we will discuss and agree alternative time frames with you.

If we are unable to resolve your complaint to your satisfaction within forty five (45) days (including both complaint and dispute), we will inform you before the period ends of:

- The reasons for the delay
- That you may take the complaint or dispute to our EDR scheme, even if we are still considering it (and provided it falls within the scheme's Terms of Reference).

For most complaints* the applicable scheme is the Financial Ombudsman Service (FOS). There is no cost in referring your complaint to the scheme, but please note some complaints may not fall within the scheme's Terms of Reference. FOS's contact details are:

BY POST: Financial Ombudsman Service Limited (FOS) GPO Box 3 MELBOURNE VIC 3001

BY PHONE: Toll Free: 1300 780808

BY EMAIL: info@fos.org.au

Code of Practice

As a signatory to the General Insurance Code of Practice Ansvr is committed to raising standards of service to our customers. This voluntary code sets out the minimum standards we will uphold in the services we provide to you. More information can be found at www.codeofpractice.com.au or by contacting us.

Email to

claims@csiuw.com.au