

EPS CLAIM FORM

Please send any new EPS claims to the following email:

propertyclaims@brooklynunderwriting.com.au

1. Insured Details

Name of Insured _____

Occupation _____

Contact Person _____ Mobile No. _____

Work Phone No. _____ Email _____

Occupation _____ Postal Address _____

Postcode _____ Broker/Agent Name _____

Phone No. _____ Policy No. _____

Excess \$ _____ Inception Date _____

Expiry Date _____

Interested Parties: Is the property being claimed for under a Financial Agreement? Yes No

Name of Financier _____ Contact No. _____

No. G.S.T.: Are you registered for GST purposes? Yes No

A.B.N. _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

Do you provide authority for third parties appointed on behalf of Brooklyn to contact the Insured? Yes No

2. Incident Description

What happened, how (eg. if burglary, include how entry was gained and details of forced entry) and the name of any party who caused damage etc?

Date of Loss _____ Time of Loss _____ Type of Loss _____

Address Where Loss Occured _____

Post Code _____ Date Premises Last Occupied _____

Name of last occupier _____

Schedule (if insufficient space, provide separate list):

*Please show the extent to which an ITC can be claimed by you on each item

*All original repair invoices, quotes or receipts must be submitted to avoid any delays in processing

*Show all values in Australian Dollars

Description of property lost/damaged/stolen (include name of owners of items if not owned by the insured)	Year purchased	Where Purchased	Replacement or repair cost	Amount claimed	ITC% * Entitlement
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

If insufficient space, attach list.

Total Claimed _____

Have the Police been notified?

(All Burglary/Theft/Malicious Damage claims must be reported)

Yes

No

Police Station _____

Reporting Officer _____

Police report No. _____

Date reported _____

3. Security

Give details of any extra precautions or security improvements taken since the loss

Give details of any other action taken to recover or reduce your loss

4. Third Parties

Do you know who was responsible for the damage?

Yes

No

Name _____

Phone No. _____

Address _____

Postcode _____

Other Details (eg registration no.) _____

5. Witnesses

Were there any witnesses to the Event?

(If yes, please complete the following)

Yes

No

Name _____ Phone No. _____

Postal Address _____ Postcode _____

Where was the Witness _____

6. Other Insurance

Is there any other Insurance on the property? Yes No
(consider Travel, Medical Insurance also)

If Yes:

Name of Insurer _____ Policy details _____

7. History

Have you had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years? Yes No

Have you ever been convicted of or had any fines or penalties imposed for any criminal offence? Yes No

Have you suffered a loss or made a claim on a property related insurance policy in the last 5 years? Yes No

If yes to any questions please give details

8. Privacy Collection Statement

We are committed to safeguarding and protecting your privacy. We are bound by the provisions of the Privacy Act 1988 (Cth) which sets out the standards to meet in the collection, use and disclosure of personal information. We will only collect personal information from you to enable us to quote on and insure your risks and matters incidental thereto, including investigating, processing and managing claims.

We may provide your personal information to others, such as our related bodies corporate, other insurers or our reinsurers, claims investigators, lawyers and other professionals, and government bodies. Some of these recipients may be outside of Australia, such as to Europe, the United Kingdom, India, Poland and the United States. Any disclosure outside Australia will be in compliance with the Privacy Act. We will not under any circumstances trade, rent or sell your information.

If you do not provide us with complete, accurate and up-to-date information, we cannot properly assess or manage your claim.

If you provide us with personal information about anyone else, we will rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

If you wish to access or correct your personal information, or wish to raise any concerns as to how we handle your personal information, please write to:

The Privacy Officer
Brooklyn Underwriting
Level 28, Angel Place
123 Pitt Street
Sydney NSW 2000
E: privacyaustralia@axaxl.com

For further details on how we manage your information, please see our Privacy Policy on our website: <http://www.brooklynunderwriting.com.au>.

Brooklyn Underwriting is part of AXA XL, a division of AXA. If you require further information about how we deal with your personal information under European Economic Area (EEA) data protection laws, please refer to the AXA XL European Privacy Notice at <https://axaxl.com/privacy-notice> or contact the Privacy Officer using the contact details above.

Signature of Insured

Date



XL Insurance Company SE
trading as Brooklyn Underwriting
ABN: 36 083 570 441
Level 28, 123 Pitt Street
Sydney NSW 2000

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