Material Damage Claim Form

FEDERAL INSURANCE TIMOR S.A

OFFICE USE: Policy Number: _____ Claim Number: _____

- **WARNING: If you supply any untrue or false information and know that it is not true, Federal Insurance Timor, S.A. (FIT) shall have the right to refuse the claim.**
- **We recommend that you read the Claims section of your policy.**
- **Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".**
- **You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.**

PART A: THE INSURED

Name of Insured: _____

Postal Address: _____

Best contact Phone No: _____ Best time to contact: _____

Alternative contact: _____

PART B: THE LOSS OR DAMAGE

1. Where did the loss or damage happen? (please give the full address or details of the location)

_____

_____

2. When did it happen? (please give date and time): _____
3. When did you first know about it? _____
4. How did the loss or damage happen? (please give full details)

_____

_____

_____

5. Have you done anything to reduce or recover the loss or damage? Yes ☐ No ☐

If you have answered "Yes", please give details below

_____

6. Were there any witnesses? Yes ☐ No ☐
7. Do you think that any other person is responsible for the loss or damage? Yes ☐ No ☐
8. If you have answered "Yes" to questions 6 or 7, please give details below.

_____

_____

PART C: BURGLARY, THEFT ETC

1. Does this claim involve burglary, theft, unexplained loss or intentional damage? Yes ☐ No ☐

If "No", please go to Part D. If "Yes", it must be reported to the Police and questions 2 & 3 answered.

2. Is a Police Complaint Acknowledgement attached? Yes ☐ No ☐

If "No", please complete the details below.

Reported by: _____ to (Station Name): _____

On _____ Complaint Ref. No. _____ Name of Attending Officer _____

3. If the loss or damage was through a burglary (or an attempted burglary):

Did the premises have a burglar alarm? Yes ☐ No ☐ Don't Know ☐

If "Yes", was the alarm on at the time the loss or damage happened? Yes ☐ No ☐ Don't Know ☐

PART D: GENERAL QUESTIONS

1. Do you have any other insurance which covers this loss or damage? Yes ☐ No ☐
2. Have you claimed on any type of property insurance in the past 5 years? Yes ☐ No ☐

If "Yes" to question 1 or 2, please give full details (include date, type of claims and name of insurer)

_____

_____

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PART E: THE PROPERTY LOST OR DAMAGED

- **To support ownership and the amounts claimed, please attach receipts, valuations, guarantees, current quotations or other documents. If repairs have been paid for, please attach a receipt or account.**
- **Wilful or reckless exaggeration of any amount claimed will forfeit the claim.**
- **If at all possible, keep damaged items available so that we can inspect them if needed.**

Description of Item (include any serial number)	From Whom Obtained (name and address)	Date Obtained (if second-hand, state item age, when obtained)	Current Replacement Cost	Repair Cost	Deduction for Age Use or Wear & Tear	

If there is not enough room to list everything you are claiming for, please attach an additional list.

Is an additional list attached? Yes ☐ No ☐

Amount		
Excess		
Claim Total $		

1. Are you the sole owner of the lost or damaged property? Yes ☐ No ☐

If "No", please give full details of the owner, or of any other person who owns a share of the property (include name, address and contact phone number).

2. Is any of the lost or damaged property subject to any financial or hire purchase agreement? Yes ☐ No ☐

If "Yes", please give full details below (include name, address and contact phone number of any mortgagee etc)

3. If the lost or damaged property is a building, who occupies it? Owner ☐ Tenants ☐ Other ☐

If "Tenants" or "Other", please give their details below:

PART F: DECLARATION AND SIGNATURE

Please read and sign

I declare that

1. Material Facts

(a) All information given to FIT in connection with this claim (whether oral or written) is true and correct;
(b) No information relevant to the claim is omitted;

2. Use of Information

(a) My personal information collected by FIT in connection with this claim may be disclosed to:
(i) Other members of the insurance industry
(ii) Parties repairing or replacing the subject matter of the claim;
(iii) Parties who have financial interest in the subject matter of the policy;
(b) My personal information held by any other parties in connection with this claim may be disclosed to FIT

Please note:

- We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim.
- This information is held by us and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees etc.

SIGNED ON BEHALF

OF ALL INSUREDS: _____ DATE: _____