

Memorial Insurance Australia

Claim Form



Please retain this page for your information

About Your Claim

- We will contact you as quickly as possible about your claim.
- For all claims we will check the circumstance of the loss or damage before we authorise and pay for the repairs.
- We may appoint a loss adjuster or investigator or contact you for more information.

Do Not Authorise Repairs Yourself

- If possible, retain any damaged items, as we may need to inspect them before settling your claim.
- If possible, please attach a quotation from your selected stonemason as well as photos of the damage.
- Please refer to your policy wording for more information about how your claim will be handled.
- If you have any questions about your claim, please contact Memorial Insurance Australia on (02) 9873 0023.

How You Can Escalate A Dispute With Us

Our dispute resolution system is free and works as follows:

1. Please advise the staff at the Memorial Insurance Australia on (02) 9873 0023 if you are dissatisfied with:
 - Our decision on your claim.
 - Our handling of your claim.
 - The services of our loss adjuster or investigator.
2. A staff member will try to resolve the problem with you within (3) business days.
3. If the staff member is unable to resolve the problem, the staff member will refer it to the underwriter for their attention. A decision concerning your complaint will be made within (15) business days of receipt.
4. If you do not accept our decision, you may take the problem to the Australian Financial Complaints Authority for an independent investigation. The Australian Financial Complaints Authority can assist you as the private consumer regarding these types of claims. The telephone number for them is 1800 931 678.



PROPERTY INSURANCE CLAIM FORM

This form is for lodging claims for lost or damaged property relating to memorials / vaults.

Please answer all questions. This will help us to process your claim quickly.

If you need more space to answer any of the questions, please use a separate sheet of paper and this will form part of the claim lodgement.

Any attachments (photos, quote) will form part of this claim form.

Policy number

Expiry date

Insured name

Contact person

Address

Email address

Phone number

The date the loss or damage occurred?

Please describe what happened



The address where the loss or damaged happened

Who discovered the loss or damage, include full name and contact details

Were there any witnesses to the loss or damage? If so include full name and contact details

- You must report any vandalism of property to the police
- We may need to apply to the police for a copy of this report

Name of the police station where you reported it

Name of the police officer

Police offence report number

Date reported

I,

declare that the information provided in this claim form and any attachments are true and correct and forms part of this claim form

Signature of the person who has the authority to sign

Date

