

**Please send the completed Claim Form to Stewart Title Limited**

**Mail** CLAIMS DEPARTMENT OR **Fax** 1300 663 424  
Stewart Title Limited  
GPO Box 527  
Sydney NSW 2001

**NOTE:**

Stewart Title Limited does not admit liability by the issue of this form. It is issued to enable the insured to lodge a written statement of claim.

**Privacy**

Stewart Title Limited is collecting personal information about you. This notice is to inform you of your rights under the *Privacy Act 1988*.

- The information you provide will be held by Stewart Title Limited ARBN 101 720 101 (United Kingdom) GPO Box 527, Sydney, NSW 2001, T | 1800 300 440 or 02 9081 6200, F | 1300 663 424
- We use the personal information you provide to assess your claim
- We may use the personal information you provide for marketing of other products and services offered by Stewart Title Limited. You have the right to request not to receive direct marketing material.
- We may disclose personal information about you as required by law. We may also disclose personal information about you to associates or contractors of Stewart Title Limited or to any other organisation involved with our business including printing houses; mail houses; solicitors; conveyancers; accountants; underwriters; reinsurers; our related companies in the United Kingdom and the United States of America; as well as people considering acquiring or taking an interest in our business or our assets.
- You can gain access to the information we hold about you by contacting our Privacy Officer at the above details. Sometimes there may be a reason why access will not be possible. If that is the case you will be told why.

**Please fill in all relevant sections (Please PRINT your answers)**

Name(s) of Insured	<input type="text"/>		
Property Insured	<input type="text"/>		
Policy Number	<input type="text"/>		
Contact Person	<input type="text"/>		
Postal address	<input type="text"/>		
Telephone (Private)	<input type="text"/>	(Business)	<input type="text"/>
Email of Contact	<input type="text"/>		
Local Council/Shire	<input type="text"/>		

**Goods and Services Tax**

To ensure you do not incur any unnecessary GST liabilities on this claim please complete these details

Are you registered for GST purposes?  Yes  No

What is your ABN?

If you are registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy?

Yes

No

### Summary of facts

Set out a brief summary of the facts giving rise to your claim

Please attach any documentation that is relevant to your claim. For example, Contract of Sale, relevant reports, Council orders or notices, certificates etc.

Stewart Title Limited may request any further information or documentation that we require in order to assess your claim.

### Value of loss

Value of loss (if known)

Please attach any receipts or documents to establish evidence of the value of your loss.

### Declaration

I/We declare that that all particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld and that all conditions and stipulations of the policy have been complied with.

I/We acknowledge that any costs incurred prior to notifying Stewart Title Limited of the claim may not be reimbursable to me/us. Further, if I/we do anything which prejudices my/our rights under the policy, then my/our cover could be affected.

I/We hereby claim from Stewart Title Limited in respect of the said loss.

Signature

Date