

COVID-19 Business Interruption Claim Form



The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company. Please provide complete details to the questions asked on this form. If there is insufficient space for your answers please attach a separate page.

1. Your details

Policy number			
Name of Insured			
Occupation			
Postal address			
	Suburb/Town	State	Postcode
Phone number		Work/Mobile number	
Email address			

2. Incident details

Date of Occurrence		Time	
Where did the event occur?			
	Suburb/Town	State	Postcode
Did you receive an order to shut down your business?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please provide details of the order (please attach a copy of the order as part of the claims submission).	
Are you claiming for interruption to your business due a localised COVID-19 outbreak within 20 kilometres of your location?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please provide specifics of where the infected person was located (please attach to your submission any evidence of location of the outbreak).	
Period of your business interruption claim:			
	Date from:	/ /	to / /
Please provide a brief description of the impact to business including details of interruption period being claimed:			

COVID-19 Business Interruption Claim Form

Claims relating to a loss arising from Business Interruption will require a number of documents and information so that we can assess the claim.

Our [Business Interruption Claims Information page](#) includes information on support and resources available, the claim form and a list of documents required to make a claim.

Download our **Business Interruption Required Documents** (<https://www.relyoninsurance.com.au/wp-content/uploads/2021/10/RelyOn-BI-Required-Documents.pdf>) to get a list of the documents we need from you for your claim.

Please note that Hollard may require additional information not listed within the Business Interruption Required Documents List to assess your loss.

3. Other insurance

Do you have any other insurance that covers the loss or damage being claimed?

No Yes If **yes**, provide details:

Name of Insurer

4. Schedule

Please provide full details of your loss if there is insufficient space below please attach a separate piece of paper with the details:

Period being claimed	Revenue prior to event	Revenue during the event	Expenditure Reductions* in period being claimed	Total claim

Expenditure Reductions* Job keeper payments, reduction in operating costs such as electricity, etc

5. Previous claims

Have you had any previous claims in the last three years?

No Yes If **yes**, provide details:

Name of Insurer

6. Goods and Services Tax (GST)

Please complete the declaration below and advise us of your GST status.

I/We declare that the items claimed on this form are used solely for:

Private/Domestic purposes Business purposes

Please provide details if only part of your claim relates to property used for business purposes:

Please provide details of your GST status:

Not entitled to Input Tax Credit Entitled to Input Tax Credit

If you are entitled to an Input Tax Credit, please provide your A.B.N No:

Have you claimed an Input Tax Credit for this policy?

No Yes If **yes**, percentage claimed:

7. Funds transfer

In the event that your claim is accepted as a covered claim and in order that we may transfer settlement funds direct to your account we request that you provide your banking details.

Bank	<input type="text"/>		
Account Name	<input type="text"/>		
Account No.	<input type="text"/>	BSB No.	<input type="text"/>

8. Declaration

- I/We certify that the information given in this form is truthful accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
- I/We authorise The Hollard Insurance Company Pty Ltd to give to, or obtain from, other insurers or any insurance reference bureau, any information relating to this claim or any other claim made by me/us or any insurance held by me/us.

Name	<input type="text"/>	Insured's Signature	<input type="text"/>
Date	<input type="text"/>		

Please send the completed claim form to claims@bizcover.com.au.