

# Claims X Firearm Cover

Claim form



## ACTA Discretionary Trust

If you need assistance with filling out this form, contact us on 1300 375 723 or [claims.aus@claimsx.com.au](mailto:claims.aus@claimsx.com.au)

## Important information

**The issue of this claim form does not indicate acceptance of the claim. To assist us in assessing your claim, please:**

1. Fully complete this form and supply all appropriate information/documentation and sign and date the declaration. Failure to fully complete the claim form and provide all supporting documents may result in a delay in assessing your claim.
2. Provide a comprehensive description of the circumstances of the loss, completing all relevant sections.
3. Provide additional supplementary information on a separate page if there is not enough space on this claim form.
4. Forward the completed claim form to Claims X at [claims.aus@claimsx.com.au](mailto:claims.aus@claimsx.com.au).

## Claimant's details

Name:

ACTA Membership number:

Daytime phone number:

Email:

Postal address:

Suburb/Town:

State:

Postcode:

## GST details

Are you registered for GST purposes?

Yes

No

If **no**, please proceed to **Banking details**

What is your ABN?

Are you entitled to claim an input tax credit (ITC) on the GST applicable to this policy?

Yes

No

If **yes**, please indicate the percentage you are entitled to claim:

%

Are you entitled to claim an ITC on repairs or purchased relating to this claim

Yes

No

If **yes**, please indicate the percentage you are entitled to claim:

%

## Banking details

Account name:

BSB:

Account number:

## Incident details

### When did the incident occur?

Date of incident:

Time of incident:

### What was damaged/lost? (Firearm details)

Make:

Model:

Serial Number:

Date acquired:

### What happened in the incident?

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**Please include a photograph of the damage to the firearm with your claim submission.**

### Where did the incident happen?

Location Name:

Street address:

Suburb/Town:

State:

Postcode:

## Accidental loss, theft, and malicious damage

### When was the firearm last secured?

Date:

Time:

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**Please describe the method the firearm was secured/stored immediately prior to the loss:**

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**Please describe how access to the firearm occurred:**

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**All Accident loss, theft and malicious damage claims must be reported to police.**

Police Station:

Police Officer Name:

Police report number:

Date reported:

## Collection Statement under the Privacy Act 1988 (Cth)

In accordance with the Privacy Act 1988 (and subsequent amendments), Claims X Pty Ltd ABN 57 649 962 701, AFSL 530894 (we, our, us, Claims X), draws your attention to the following:

- We may collect personal information or sensitive information about you.
- We are collecting the information principally for the purpose of claims handling and settling services.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, other parties which may assist us in assessing your claim, agents and Claims X related group companies, such as Howden Insurance Brokers (Australia) Pty Ltd ABN 79 644 885 389, AFSL 539613 (Howden) and Alternative Risk Management Services Pty Ltd ABN 70 649 963 191 (ARMS). Those entities will hold and use the data in accordance with their own privacy policies which may include disclosure to third parties located offshore.
- Our related group companies may provide you with information about other products and services including but not limited to an alternate risk management solution offered through ARMS. ARMS and Howden will use and disclose your information to assist in the administration, promotion and risk management of the applicable discretionary trust.
- ARMS will use and share your information with third parties in association with the management of the ACTA Discretionary Trust.
- Please read our Privacy Policy on <https://www.howdengroup.com/au-en/privacy-policy> for further information in relation to how we and our related group companies collect, store and use your information. You may also request a copy from our privacy officer whose details are below.
- If you would like further information, contact our privacy officer on the contact details below:  
Post: Claims X Pty Ltd  
Level 23, 20 Bond Street  
Sydney, NSW 2000  
Email: [privacy.pacific@howdengroup.com](mailto:privacy.pacific@howdengroup.com)
- By providing this information, you agree to us collecting, using and disclosing your personal or sensitive information as outlined in this Collection Statement and our Privacy Policy.
- If you do not provide all or part of the information requested, we may be unable to process your application, administer your claim or provide other required services.
- You have the right to request access to, and correct, any personal information that we hold about you, subject to the provisions of the Privacy Act 1988 (Cth).
- To assist us in maintaining correct records we ask you to inform us of any changes in your personal information provided as they occur.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's prior consent.

## Declaration

1. I declare that the information provided by me in relation to this claim is true and complete.
2. I understand that the claim may be declined if the information supplied is untrue and I have not provided all relevant facts.
3. I agree to supply any further information that may be requested of me in connection with my claim.
4. I have read and accept the Privacy Collection Statement provided with this form and Claims X Pty Ltd's Privacy Policy.
5. Where I have provided information about other individuals, I have made those persons aware of the Privacy Collection Statement and Claims X Pty Ltd's Privacy Policy provided with this form and I have obtained their consent to the information being provided in accordance with the Privacy Collection Statement and Claims X Pty Ltd's Privacy Policy.

Name:

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Signature:

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Date:

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