

SUNCORP GROUP INSURANCE

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FIRST NOTICE OF LOSS — PROPERTY CLAIM SUBMISSION FORM

Claim Number: **CLM-2026-908866**

Date of Submission: **22/09/2026**

IMPORTANT NOTICE: This form must be completed in full and submitted within 60 days of the date of loss. Failure to provide complete and accurate information may result in delay or denial of your claim. All statements made on this form are subject to verification. If you need assistance completing this form, contact our Claims Department at +61 13 11 55.

Section 1 — Claimant Information

Full Name of Claimant	Mei Lin Tan
Phone Number	+61 438 901 234
Email Address	meilin.tan@email.com.au
Policy Number	HO-78013878

Section 2 — Insured Property

Street Address	4/16 Chapel Street
City	St Kilda
State	VIC
ZIP Code	3182

- ☐ This is the claimant's primary residence
- ☐ Claimant was present at the property at the time of the incident

Section 3 — Incident Details

Date of Incident	30/06/2026
Time of Incident	Approximately 10:15 PM
Type of Incident	Fire Damage
Description of Incident	On the evening of 30/06/2026, a candle left burning on the living room windowsill was blown by a gust of wind into the sheer curtains, which ignited rapidly. The fire spread to the nearby bookshelf and armchair before the claimant was able to use a fire extinguisher and the building's sprinkler system activated. The fire was contained to the living room, but smoke damage affected the hallway, kitchen, and bedroom.

Emergency Response

Police Report Filed	Yes
Police Report Number	PR-882805
Emergency Services Called	Yes
Temporary Repairs Made	No
Temporary Repairs Description	N/A

Section 4 — Damage Inventory (Currency: AUD)

#	Category	Location	Description	Estimated Cost	Repair / Replace
1	Structure - Walls & Ceiling	Living Room	Walls and ceiling fire-damaged and smoke-stained, plasterboard charred near window	A\$8,500.00	Replace
2	Structure - Windows	Living Room	Double-glazed window cracked from heat, frame scorched and warped	A\$3,200.00	Replace
3	Structure - Flooring	Living Room	Carpet melted and charred around fire origin, smoke-stained throughout, 22 sqm	A\$4,800.00	Replace
4	Personal Property - Furniture	Living Room	Armchair, bookshelf with contents, and curtains destroyed by fire	A\$5,500.00	Replace
5	Structure - Smoke Remediation	Hallway, Kitchen & Bedroom	Professional smoke and soot cleaning, odour treatment, and repainting required	A\$6,200.00	Repair

Section 5 — Claim Totals

Total Structure Damage	A\$22,700.00
Total Personal Property	A\$5,500.00
Total Additional Living Expenses	A\$0.00
TOTAL CLAIM AMOUNT	A\$28,200.00

Section 6 — Declaration and Signature

I, the undersigned, hereby declare that the information provided in this claim submission form is true, complete, and accurate to the best of my knowledge. I understand that any false or misleading statement may result in the denial of this claim and may constitute an offence under the Insurance Contracts Act 1984 (Cth) of Australia. I authorise Suncorp Group Insurance and its appointed agents to investigate the circumstances of this claim, including but not limited to obtaining reports from law enforcement agencies, medical providers, and other relevant third parties. I consent to the collection, use, and disclosure of my personal information as necessary for the processing of this claim in accordance with the Privacy Act 1988 (Cth). I acknowledge that submitting a fraudulent insurance claim is a serious offence under the Criminal Code Act 1995 (Cth) and relevant State and Territory legislation, and may result in criminal prosecution, fines, and imprisonment. I affirm that this claim is made in good faith and that all supporting documentation provided is genuine.



22/09/2026

Date

Mei Lin Tan

Signature of Claimant

SUNCORP GROUP INSURANCE
FNOL-AU-2025-01

FOR INTERNAL USE:

Adj. _____ Supv. _____ SIU _____