



INFORMATION REQUIRED TO LODGE AN INSURANCE CLAIM

Please complete this form to enable a claim to be lodged on your behalf for consideration by the insurance company. In the event that the claim is denied, and the damage is **NOT to common property**, any repairs carried out to the damage on your request will be your responsibility.

Address of Property: _____

Strata Plan No: _____

If property has been stolen or damaged please complete the following:

1. What Was Damaged? _____

2. Date, Time Of Loss/Damage: _____

3. State The Circumstances:

3a How did damage occur? _____

3b Person/s Responsible? _____

4. Repair Details

4a Have repairs been carried out? YES NO Cost of repairs: \$ _____
If Yes to 4a Answer the next TWO Questions.

4b Name of Company? _____

Has account been paid? YES NO * PLEASE ATTACH ACCOUNT

5. Malicious Damage Claims Must be Reported to Police (eg. Vandalism / Break-ins / Graffiti)

Police Station: _____ Police Offence No: _____

6. Vehicle Impact Damage Claim Only

6a Name of person who caused damage: _____

6b Address of person causing damage: _____

6c. Make/Model & Registration of vehicle: _____

DECLARATION / AUTHORITY

I declare that the information given above is true & accurate.

Name: _____ Circle One: Owner / Occupant / Agent

Contact Number: _____

Signature: _____ Date: _____