INSURANCE CLAIM FORM

Step 1 – Please complete the claim form.

DATE OF LOSS

ADDRESS WHERE LOSS OCCURRED

INCIDENT DESCRIPTION / CAUSE OF DAMGE

DAMAGE BEING CLAIMED

LOT OWNER(S) NAME

LOT OWNER(S) CONTACT DETAILS

TENANT/ OCCUPIER(S) / AGENTS NAME

TENANT/ OCCUPIER(S) / AGENTS CONTACT DETAILS

Step 2 – Provide the supporting documentation and submit it with the form.

Please tick the supporting documentation required based on the type of loss / damage.
This will assist with the processing of claim:

WATER DAMAGE / BURST PIPE

- ○ Plumbers Report noting causation/circumstances of loss and confirmation that the leak / cause of water damage has been addressed &repaired?
- ○ Reports and Quotes / Invoices for mitigation or remedial works? Ie – Was an Electrician and Steamatics engaged?
- ○ Quotes or Invoices to repair / reinstate resultant damage?
- ○ Photos of damages? (if any)
- ○ Any other information that will assist with assessment of the claim?

MACHINERY BREAKDOWN / FUSION

- ○ Report from contractor noting causation / circumstances of loss?
- ○ Quotes or Invoices to repair / replace damaged items?
- ○ Any other information that will assist with assessment of the claim?

THEFT / BURGLARY / VANDALISM

- ○ A Police Report or Police Report Number?
- ○ Quotes or Invoices to repair damages and/or replace loss?
- ○ Photos of damages? (if any)
- ○ Any other information that will assist with assessment of the claim?

GLASS BREAKAGE

- ○ Report from contractor noting causation/circumstances of loss?
- ○ Quotes or Invoices to repair damages?
- ○ Photos of damages? (if any)
- ○ Any other information that will assist with assessment of the claim?

ACCIDENTAL / IMPACT DAMAGE / HAIL / STORM / WIND DAMAGE

- ○ Quotes or Invoices to repair damages?
- ○ Photos of damages? (if any)
- ○ Any other information that will assist with assessment of the claim?

IMPORTANT

Any urgent loss or damage that requires immediate attention, should be referred to the Owners Corporation in first instances for determination and appropriate action.