



REQUEST FOR: INSURANCE CLAIM

To ensure prompt attention to your claim, please supply information as requested below. Any supporting documentation relevant to the claim i.e. quotations, invoices and photos are also required.

APPLICANT NAME: _____ DATE: _____

NAME OF BODY CORPORATE: _____ CTS: _____

PROPERTY ADDRESS: _____ LOT/UNIT: _____

LOT OWNERS NAME: _____

LOT OWNERS ADDRESS: _____

WHAT HAPPENED: *This claim will not be processed unless this section is completed.*

Explain how the damage occurred:

DATE OF LOSS: _____

If the exact date of loss is not known please provide the date the date was first discovered.

DID ANY PERSON/S CAUSE THE DAMAGE (whether intentional or accidental)

NO YES: Unit Owner Tenant Other: _____

Name: _____

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IF DAMAGE CAUSE BY IMPACT PLEASE PROVIDE:

Description of vehicle (year, make and model): _____

Registration Number of Vehicle: _____

Vehicle Owners Name & Contact Details: _____

POLICE REPORT:

Police must be notified when property is lost, stolen or maliciously damaged – please ensure that notification is made prior to the claim being lodged.

Police Station: _____

Officers Name: _____

Date Reported: _____

Crime Report Number: _____

CONTACT DETAILS:

Should an assessment be necessary please provide the following for a person/persons who can be contacted to access this dwelling.

Name: _____

Position: _____

Address: _____

Number: _____

Email: _____

SUPPORTING DOCUMENTS:

Quotations, invoices of completed work and photos of damage required

DECLARATION

I hereby declare the answers to all the questions on this claim form and the description of the property lost or damaged are true and correct and that I have concealed anything of which the Underwriters should be aware.

Sign : _____

Date: _____