

Claim Form



CHU

The Specialists in Strata and
Community Title Insurance

To ensure prompt attention to your claim, please supply information as requested below. When completed, please return this form to the CHU office in your State together with any supporting documentation relevant to the claim, ie: quotations / invoices etc.

What is insured?

Insured

Policy number (from your schedule)

Address of Risk

Building Name (if applicable)

Unit Number

Street

Suburb

Postcode

State

Additional contacts

LOT OWNER

Phone

Mobile

Email

TENNANT (if applicable)

Phone

Mobile

Email

BUILDING MANAGER

Phone

Mobile

Email

OTHER CONTACT 1 (if required)

Phone

Mobile

Email

OTHER CONTACT 2 (if required)

Phone

Mobile

Email

OTHER CONTACT 3 (if required)

Phone

Mobile

Email

OTHER CONTACT 4 (if required)

Phone

Mobile

Email

please continue over page →

Third Party

Is there a third party involved?

YES NO

Do you know who is responsible for the loss to your property?

YES NO

If yes, please provide their name and contact details.

Name or Business name

Address

Phone

Mobile

Email

Vehicle registration number (if applicable)

Driver's Licence

Witnesses

Were there any witnesses to the loss?

YES NO

If yes, please provide their name and contact details.

Name

Address

Phone

Mobile

Email

Plumbing repairs

If your plumber has not already done so, please ensure the following information is provided on the account/invoice (failure to do so may result in a delay in the claim being processed).

i. Search and Find

ii. Plumbing repair

iii. Reinstatement

Fusion of Electrical Motors

Describe the nature and cause of the damages.

What does the motor operate?

Horse power/Kilowatt rating

Age of appliance/motor

Is it under manufacturer's warranty? YES NO

please continue over page →

List of Articles lost, stolen or damaged

Please complete this section to describe lost, stolen or damaged items and state the amount, which is being claimed under the policy.

Full description of each item lost/stolen or damaged

Your Details

You are? the insured insurance broker
 strata manager other

If other, please specify:

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Name

--

Business or A.R. name

--

Street

--

Suburb

--

Postcode

--

State

Phone

--

Mobile

Email

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Additional Information

Please provide any additional information relevant to the claim e.g. other contacts or repair information.

Do you require a builder/assessor? YES NO

Please attach any supporting documentation to this Claim Form.

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I consent to CHU Underwriting Agencies Pty Ltd using my personal information I have provided on this form for the purposes of processing my claim. I understand that if I choose not to provide the required details my claim may not be able to be processed.

I agree? YES NO

Signed

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Date

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New South Wales / ACT

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