

Claim Form

Insured Details

Insured Name	<input type="text"/>
Policy Number	<input type="text"/>
Situation of Insured Property	<input type="text"/>

GST Details

1 Are you registered for GST purposes?	<input type="checkbox"/> Yes (go to 1a)	<input type="checkbox"/> No (go to 2)
1a If yes, please provide your ABN (and then go to 2)	<input type="text"/>	
2 Have you claimed an input tax credit on the GST amount applicable to this policy?	<input type="checkbox"/> Yes (go to 2a)	<input type="checkbox"/> No (go to 3)
2a If yes, is the amount claimed less than 100% of the GST applicable to the premium?	<input type="checkbox"/> Yes (go to 2b)	<input type="checkbox"/> No (go to 3)
2b If yes, please specify the percentage amount claimed (and then go to 3)	<input type="text"/> %	
3 Are you entitled to claim an input tax credit for the repair or replacement of damaged item/s?	<input type="checkbox"/> Yes (go to 3a)	<input type="checkbox"/> No
3a If yes, is the amount claimable less than 100%?	<input type="checkbox"/> Yes (go to 3b)	<input type="checkbox"/> No
3b If yes, please specify the percentage amount claimed.	<input type="text"/> %	

Claim Details

Date of Loss	<input type="text"/>	Time of Loss	<input type="text"/> AM/PM
--------------	----------------------	--------------	----------------------------

Please describe the circumstances of the loss

Has the damage been sustained to a tenanted unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you know who is responsible for the loss or theft or damage to your property? If yes, please provide their details below	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
First Name	<input type="text"/>	Last Name	<input type="text"/>
Mobile	<input type="text"/>	Vehicle Registration	<input type="text"/>
Address	<input type="text"/>		
Insurance Details	<input type="text"/>		

Were there any witnesses to the loss or theft or damage? If yes, please provide details below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
First Name	<input type="text"/>	Last Name	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>

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 Strata Unit Underwriters using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, Strata Unit Underwriters may not be able to process my claim.

*I consent to Strata Unit Underwriters disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to Strata Unit Underwriters also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signed _____

Date ____/____/____

*This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.

Please turn over.....

List of Articles Lost, Stolen or Damaged

Please complete this section of the claim form to describe lost, stolen or damaged items and state the amount, which is being claimed under the Policy. If there is not enough space on this form, please attach a separate sheet and include the above information for each article.

Original invoices and/or accounts must be forwarded. Copies will not be accepted.

Full description of each item lost, stolen or damaged	Date of purchase	Original purchase price (\$)	Input tax credit you can claim on the purchase of these items as a % of the total GST payable	Replacement price/ Amount being claimed (\$)

<p>Plumbing Repairs</p> <p>If your plumber has not already done so, please ensure the following information is provided on the account/invoice:</p> <ul style="list-style-type: none"> • Nature and cause of leak • Composition of pipe (i.e. gal, copper, PVC, etc.) • Procedures undertaken • Details of charges including, hourly rate, number of persons on the job (if more than one, please explain the necessity for additional person and details of costs) • Apportioned repair cost between: <ul style="list-style-type: none"> (a) Search & find (b) plumbing repair (c) reinstatement 	<p>Electrical Damage (Fusion)</p> <p>Please provide the following information in addition to the above:</p> <ul style="list-style-type: none"> • What does the motor operate • Horse Power/ Kilowatt rating • Date of Purchase • Age of appliance/motor • Is it under a manufacturer's warranty
---	---

Police Report Details

Was the loss reported to the police? (If yes, please provide their details below)

(You must report any loss, theft or vandalism of property to the police. We may need to apply to the police for a copy of this report).

Yes No

Name of Police Station			
Address of Police Station			
Name of Police Officer			
Police Report Number		Date Reported	

Your Details

First Name		Last Name	
Telephone		Facsimile	
Mobile		E-mail	