



NEW CLAIM FORM

To ensure your claim is processed as quickly as possible, please ensure that all fields are fully completed.

Insured Details:

Insured Name	
Policy Number	
Situation of Insured Property	

GST Details:

Are you registered for GST purposes?	Yes	No
If yes, please provide your ABN		
Are you entitled to claim an input tax credit on the policy premium you pay?	Yes	No
If yes, please specify the percentage amount being claimed?		%
Are you entitled to claim an input tax credit for the repair or replacement of damaged items?	Yes	No
If yes, is the amount claimable less than 100%?	Yes	No
If yes, please specify the percentage amount being claimed?		%

Claims payment details:

If the claim is accepted, do you wish to receive claim settlement via cheque or EFT payment?		
If EFT payment, please provide the relevant bank account details	Account Name	
	BSB	
	Account Number	

Claim Details:

Date of Loss		Time of Loss	
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Please describe the circumstances of the loss or damage below

Do you know who is responsible for the loss, theft and/or damage to your property? <small style="text-align: right;">If no, please proceed to the declaration at the bottom of this page</small>	Yes	No
Is the person responsible for the loss, theft and/or damage the Unit Owner? <small style="text-align: right;">If no, please provide their details below</small>	Yes	No

First Name		Last Name	
Phone		Vehicle Registration	
Address			
Insurance Details			

Were there any witnesses to the loss, theft and/or damage?			Yes	No
First Name		Last Name		
Phone		Alternative Phone		

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 and/or Damaged:

Please describe all lost, stolen and/or damaged items and state the amount which is being claimed under the Policy.

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Supporting Documentation:

Please provide the following in support of your claim:

- Photos of damages being claimed;
- Any quotes for repairs;
- Causation report prepared by a qualified professional;
- Cause rectification invoice;
- Any other documents required to support your claim.

Plumbing Repairs:

If your plumber has not already done so, please ensure the following information is provided on the account/invoice:

- Nature and cause of leak
- Procedures undertaken
- Breakdown of hourly rates and labour
- Apportioned repair cost between:
(a) Search & find (b) plumbing repair (c) reinstatement

Electrical Damage (Fusion)

Please provide the following information in addition to the above:

- Cause of damage
- Kilowatt rating of motor only
- Breakdown for the cost of the motor
- Is it under a manufacturer's warranty

Police Report details:

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.

Was the loss reported to the Police?	If yes, please provide their details below	Yes	No
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Name of Police Station			
Address of Police Station			
Name of Police Officer			
Police Report Number	Date Issued	/	/

Site Contact Details:

First Name	Last Name	
Phone	Relationship to Insured	

Your Contact Details:

First Name	Last Name	
Phone	Facsimile	
Alternative Phone	Email	

Please return this form along with all supporting documentation to makeclaim@suu.com.au