

# Claim Form

To help process your claim quickly, please provide the information requested below and return the completed claim form to BCB together with any supporting documentation relevant to the claim (quotes/invoices/photographs/reports, etc)

## 1 TYPE OF POLICY

- Strata  Machinery Breakdown  
 Landlords Contents  Contents  
 Other:

## 2 THE INSURED

Name: \_\_\_\_\_

If Strata Plan please insert the name of building, or if contents insert the name of the insured parties

SP/OC/CTS Number: \_\_\_\_\_

Situation/ Address of the Insured Property: \_\_\_\_\_

## 3 GST DECLARATION

Is the insured registered for GST?  Yes  No

If yes, what percentage is the insured entitled to claim Input Tax Credits? \_\_\_\_\_ %

Australian Business Number (ABN): \_\_\_\_\_

## 4 THE INSURER

Policy Number: \_\_\_\_\_ Company: \_\_\_\_\_

Excess: \_\_\_\_\_ Is there any other insurance on the property?  Yes  No

If yes, please provide details of the Insurer/s and policy number/s: \_\_\_\_\_

## 5 WHAT HAPPENED *(the claim cannot be processed unless this section is completed)*

Please explain how the damage occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Loss: \_\_\_\_\_ Who discovered the Damage? \_\_\_\_\_

The date the damage was discovered: \_\_\_\_\_

**Glass Claims for Commercial Strata** claims must be submitted with a copy of the tenancy agreement showing that the Strata Plan is responsible for glass breakage, or, if the unit is owner-occupied, please advise us.  
**Theft Claims for Common Area Contents** must be submitted with proof of ownership (i.e. original purchase receipts, copy of asset register).  
**Resultant Water Damage claims** (i.e. damage caused by the leakage of water) must be accompanied by a rectification invoice showing that the cause of the water leak has been repaired (this invoice must show the scope of works carried out).

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

No  Yes, please provide the following:  Unit Owner  Tenant  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number/s: b/h \_\_\_\_\_ a/h \_\_\_\_\_ mob \_\_\_\_\_

If the damage was caused by vehicle impact please provide:  
Description of vehicle (year, make and model): \_\_\_\_\_

Registration number of vehicle: \_\_\_\_\_

Vehicle owner's name & contact details: \_\_\_\_\_

Name and contact details of the vehicle operator: \_\_\_\_\_

Name of the vehicle insurer and if applicable the claim reference number: \_\_\_\_\_

**7 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: \_\_\_\_\_ Officer's Name: \_\_\_\_\_

Date Reported: \_\_\_\_\_ Crime Report Number: \_\_\_\_\_

**8 CONTACT DETAILS SHOULD AN ASSESSMENT BE NECESSARY**

(Please provide the following for a person/or persons who may be contacted to access this dwelling)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number/s: b/h \_\_\_\_\_ a/h \_\_\_\_\_ mob \_\_\_\_\_

**9 WHAT IS BEING CLAIMED?** (Please list the articles lost, stolen or damaged and the amount being claimed)

Description of Property being Claimed	Date of Purchase (if known)	Original Purchase Price (if known)	Replacement Purchase Price	Amount being Claimed

**10 DECLARATION**

I hereby declare the answers to all of the questions on this claim form and the description of the property lost or damaged to be true and correct and I have not concealed anything of which the underwriters should be aware. **A Claim will not be processed unless The Declaration is completed and signed by a nominated representative of the named insured (Member of the Executive Committee, Strata Manager etc).**

Signature: \_\_\_\_\_

Signed by: \_\_\_\_\_  
Please print full name

Title: \_\_\_\_\_  
i.e.: Member of Executive Committee, Unit Owner, Strata Manager, Building Manager, etc.

Dated: \_\_\_\_\_

# FUSION REPAIRERS REPORT

(Must be completed by the repairer)

Failure to have this form completed in full may impact any potential claim settlement.

## 1. ELECTRICAL DAMAGE (FUSION)

Make of motor: \_\_\_\_\_ Size of motor: \_\_\_\_\_ hp/kw \_\_\_\_\_

Serial number: \_\_\_\_\_ Age of motor: \_\_\_\_\_

Type of appliance: \_\_\_\_\_

Details of damage: \_\_\_\_\_

Cause of damage: \_\_\_\_\_

Is it under Manufacturer's Warranty?  Yes  No

Is this Motor a Sealed Unit?  Yes  No

## 2. DETAILS OF REPAIRS AND SERVICE CHANGES

*Sealed units – Please ensure that the Invoice submitted with this claim form gives the Individual costs of all parts and labour. Open circuits, worn or damaged bearings, refrigerants or any other mechanical faults are not covered by this insurance.*

Is the motor able to be rewound?  Yes  No

If No, why not? \_\_\_\_\_

If Yes, provide cost & written quote: \$ \_\_\_\_\_

If motor is uneconomical to be rewound please provide quote for replacement: \$ \_\_\_\_\_

Signature of Repairer: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

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