

## GENERAL CLAIM FORM

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### Policy Details

<b>Name of Body Corporate and CTS Number:</b>  <b>Policy Number:</b>	<b>Name and Address of Unit Owner(s)</b>
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### General Details of Loss / Damage

<b>Date of Loss:</b>		<b>Approximate time of loss or damage:</b>
<b>Brief description (including cause of loss or damage)</b>		

### FOR THE BODY CORPORATE MANAGER TO COMPLETE:

<b>Is the Body Corporate registered for GST</b>
<b>ABN Number</b>
<b>Input Tax Credit (ITC) Percentage</b>
Bank Account Name .....
BSB .....
.....
<b>TBC Account Number ...</b>

**Supporting Documents:**

- Damage Report – confirming what caused the damage
- Make-safe Invoice(s) (if emergency temporary repairs were required)
- Rectification Invoice – confirms the cause of the damage has been repaired
- Quote(s) for resultant repairs
- Photos (if applicable)

**Schedule of Loss**

<b>Quote or Invoice</b>	<b>Description</b>	<b>Amount Claimed</b>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total Amount Claimed</b>		\$

**Impact Claims – Third Party Details:**

- Name and Address
- Mobile Number
- Registration Number (if applicable)
- License Number (if available)
- Company Name (if visible)
- Tenancy Agreement if a tenant