# Honan.

## STRATA INSURANCE CLAIM FORM

Please complete the below fields, providing as much information as possible.

This will assist the insurer in processing your claim.

Insu	red	De	ta	ils

Yes No		
Contact Phone Number/Email address:		
ge (Details of Loss):		
	he premises may be required. s of the relevant person who can facilitate access.	

Insurance. Advice. Support.



#### **Cost Details**

Items Claimed (i.e. make safe, repairs, etc.)	Amount	Quote/Invoice Attached?

#### **Third Party Details**

If the Loss was caused by malicious damage, impact damage, vandalism or theft, please complete this section.

Police Report number:	
If you know the details of the responsible third party who caused the damage, please provide their details (name, address, phone number)	

#### **Declaration**

I hereby declare that the information contained within this document is true and correct and I make this declaration on the basis that I have been delegated power to sign for and on behalf of the Owners Corporation.

Full Name:	
Signature:	
Date:	
Contact number:	

### **Next Steps**

1. Please send the completed claim form to:

• Email: For NSW sydneyclaims@honan.com.au. For all other states claims@honan.com.au, or

• Fax: +61 2 9299 0747, or

Mail: PO Box R1782 Royal Exchange NSW 1225.

- 2. We will acknowledge your claim within 48 hours and provide you with a claim number and the details of your Honan Claims Executive.
- 3. Your Insurer will generally acknowledge receipt of the claim within 3-5 days and may require further information/documents from you to assess your claim.

If you have any queries, please contact us on 02 9299 0767.