

GENERAL INSURANCE CLAIM/ INCIDENT FORM

Policy Details

Name of Body Corporate and CTS Number:	
Policy Number (this can be found on your Certificate of Currency, which was circulated with the last Notice of AGM):	
Owner Name:	
Property Address Address:	
Owner or Contact Person PH Number:	
Owner or contact Person Email Address:	
Letting Agent Contact Details if Tenanted:	

General Details of Loss / Damage

Date of Loss:		Approximate time of loss or damage:	
Brief description (including cause of loss or damage):			
Have any make safe repairs been completed? Please provide details of any tradesmen and any costs to be considered:			
Have your obtained quotations for the resultant damages?	Yes / No <i>Please be aware, insurance bodies generally require an indication of the projected resultant damage costs, prior to sending an assessor.</i>		
Is an Assessor Required?	Yes / No		

	<i>Please be aware during catastrophe events, assessors will be limited. If an assessor is required, you must provide full contact details as required above via this claim form.</i>
Has the event been reported to the Police or Emergency Services? If so, please provide QP or any reference number:	

Owner Must Provide Supporting Documents:

- **Damage Report – confirming what caused the damage – invoice/ report/ quote from attending tradesmen**
- **Make-safe Invoice(s) (if emergency temporary repairs were required)**
- **Rectification Invoice – confirming the cause of the damage has been repaired.**
- **Quote(s) for resultant repairs – if an assessor is required, please indicate via this claim form.**
- **Photos of damages (if applicable)**

Schedule of Loss

Quote or Invoice	Description	Amount Claimed
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Amount Claimed		\$

FOR THE STRATA MANAGER TO COMPLETE:

Is the Body Corporate registered for GST:
ABN Number:
Input Tax Credit (ITC) Percentage:
Bank Account Name
BSB Account Number

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

DECLARATION

I hereby declare the answers to all the questions on this Insurance Claim/ Incident Form and the description of the property lost or damaged are true and correct and that I have not concealed anything of which the Insurers should be aware.

APPLICANT (BUILDING MANAGER, OWNER, TENANT, ETC)

SIGNATURE _____ DATE _____

PLEASE PRINT NAME _____

IMPORTANT INFORMATION

- This is a general insurance claim/ incident form and your insurer may require you to complete additional claim documentation.
- In order for your claim to be considered by your insurer, you must provide all requested information and documentation to the best of your ability.
- Submission of this form does not guarantee any claim. All claims are subject to insurance bodies terms and conditions as per the policy wording.
- All costs associated with reported events are a Lot Owner responsibility in the first instance. Insurance bodies can be requested to consider reimbursement of costs however, the lodger is the sole individual responsible in the first instance. Any decision from the insurer is final.

Please return this form and your supporting documents to:

manager@stratasphere.com.au