



## INSURANCE CLAIM FORM

Please return the completed insurance claim form along with the following supporting documents: -

- **Proof that the cause of the damage has been rectified (i.e. invoice, report etc.)**
- **Two (2) comparable quotes covering all necessary repairs to any sustained structural damage.**
- **Please supply any supporting photographs for any sustained damage.**

Please note that the insurance company will not process a claim without the reason of the damage being fixed first.

TODAY'S DATE .....

BUILDING NAME & CTS NO. .... LOT NO .....

BUILDING ADDRESS .....

SUBURB ..... STATE ..... POST CODE.....

YOUR STATUS (please select)      OWNER      AGENT      TENANT

CONTACT NAME ..... PHONE/MOBILE .....

EMAIL .....

TIME & DATE OF INCIDENT .....

WHERE DID THE EVENT OCCUR? .....

WHO/ WHAT CAUSED THE DAMAGE? .....

FULL DESCRIPTION OF LOSS/ DAMAGE

PROOF OF THE CAUSE OF DAMAGE BEEN FIXED? (please select and attach to this insurance claim form)

INVOICE      REPORT      OTHER (please specify) .....

### FOR MALICIOUS DAMAGE -

DATE REPORTED .....

POLICE STATION REPORTED TO .....

OFFICER'S NAME .....

POLICE CRIME REPORT NUMBER (for Break & Enter Claims Only) .....

**\*\*\*PLEASE PROVIDE 2 QUOTES FOR NECESSARY REPAIRS TO STRUCTUAL DAMAGE.**

SIGNED: ..... DATED: .....

#### OFFICE USE ONLY

Date Received ..... Date Lodged ..... Date Closed ..... Staff ID .....