

Owners Corporation Insurance Claim Form

Date:

Office Use Only:

Insured/Plan No:	
Insurer	
Policy Number	
ABN	
Registered for GST	Yes <input type="checkbox"/> No <input type="checkbox"/>
Claim Excess	\$
GST % of Amount Claimed	

Note: Excess is payable by the claimant

Address at which the loss occurred	
Date of Loss:	Time of Loss:

Details of Loss

Particulars of Event causing damage	
Description of items lost/damaged	
Invoice attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	Pictures attached: Yes <input type="checkbox"/> No <input type="checkbox"/>

Police report attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of station & officer	
Date reported	
Report Number	

Details of person causing damage (if applicable)

Name			
Address			
Contact Number	Ph:	M:	E:
Vehicle details (if applicable)	Rego:	Insurer:	

Contact details for access

Name			
Address			
Contact	Ph:	M:	E:

Is Claim recoverable by third party?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name			
Address			
Contact	Ph:	M:	E:

I hereby declare the above statement and particulars are true and correct.

Full Name			
Address			
Contact	Ph:	M:	E:
Signature			