

INSURANCE CLAIM INCIDENT REPORT

To ensure prompt attention to your claim, please supply ALL information as requested below. When completed, please return the form to SSKB or the Body Corporate/Owners Corporation Insurance Broker with all supporting documentation relevant to this claim (i.e. police report card, original invoice/quote or repairer's report). **All sections marked with * must be completed.**

* **Body Corporate/Owners Corporation for** _____

* **Date of Incident/Loss** _____ **CTS/SP Number** _____

Policy Details - **Insurer:** _____ **Policy Number:** _____ **Excess:** _____

* **What happened?** Please provide full explanation of incident/loss _____

* **Lot/Common Property Area** (Where did it happen? Please provide the lot number or description of the common property area where the incident occurred.)

Police Notification

The police must be notified when property is lost, stolen or maliciously damaged. If the police have been notified, please provide the following details and attach the original Police Event Report. Were the police notified? Yes No

POLICE STATION	OFFICERS NAME	DATE NOTIFIED	POLICE EVENT NUMBER

Third Party (Please provide the contact details of the person who caused the damage if known.)

Name _____

Address _____

Contact No. _____ Email _____

If impact caused by vehicle please advise – Description (year, make, model), Registration and Vehicle Owners Name and Contact Details.

Name _____ Contact No. _____

*Property Affected

DESCRIPTION OF PROPERTY OR ARTICLE LOST/STOLEN, DAMAGED/DESTROYED	REPLACEMENT PURCHASE PRICE	AMOUNT CLAIMED	ORIGINAL PURCHASE PRICE

***Repairer/Supplier** _____

Please note: If the estimated result and damage exceeds \$2,000 the insurer may appoint an assessor. Should assessment be necessary please provide contact details for a person/s who may be contacted to access the dwelling.

NAME: _____ TITLE: _____

E-mail: _____

Telephone(Business Hours): _____ Mobile: _____

Has the damage been repaired? YES NO OR quotation supplied? YES NO

If **YES** please forward by post the original copies of the repairers invoice(s) or quotation(s) with this report.

If **NO** (example no Resident Manager on site), are you intending to arrange for the repairs to be carried out or do you wish for the body corporate/owners corporation to attend to this matter? _____

To enable us to finalise this claim with the insurer, please return this completed report and any supporting documentation as quickly as possible to SSKB or the Body Corporate/Owners Corporation Insurance Broker.

***DECLARATION**

I hereby declare the answers to all the questions on this Insurance Claim Incident Report 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.

Signature
APPLICANT: (BUILDING MANAGER, OWNER, TENANT ETC.)

Date

Name _____

E-mail: _____

Telephone(Business Hours): _____ Mobile: _____

Additional Claim Information:
Glass Claims for Commercial Bodies Corporate/Owners Corporation must be submitted with a copy of the tenancy agreement showing that the tenant is not responsible for glass breakage (Most tenancy agreements state tenant is responsible for any glass breakage. If owner occupied please advise).
Please be advised glass claims are generally paid based on O'Brien Glass and Central Glass pricing structure.
Theft Claims for Common Area Contents must be submitted with proof of ownership (ie original purchase receipts/asset register).
Resultant Water Damage Claims (ie damage caused by the leakage of water) must be accompanied by a rectification invoice showing that the cause of the water leak has been repaired (this invoice must show the scope of works carried out)

FOR OFFICE USE ONLY:

First sighted by (ie. Community Manager): Name: _____ Date: _____

Is the body corporate registered for GST? Yes No

If yes, what percentage is the body corporate/owners corporation entitled to claim? _____%

ABN: _____