



RESIDENTIAL | COMMERCIAL | COMMUNITIES | RESORTS

INSURANCE CLAIM FORM

| Details of Claim | Please print) | • • | |
|-------------------------|---------------|--------|--|

Insured Details

| Body Corporate Name: | CTS |
|---|---------------------------|
| Address of insured property: | |
| Lot Number: | |
| Name of owner: | |
| Phone number: | Mob: |
| Email: | |
| Strata Manger: | |
| Committee Chairperson: (if applicable) | Name: Email: Phone: |
| Policy Number and Name of Insurer: (if known) | |
| GST Registered: Y/N | |
| ABN (if applicable) | |
| Account Name | Body Corporate for CTS |
| BSB & Account Number | |

Access Details

| Contact Name: | |
|----------------|--|
| Contact Phone: | |
| Email: | |





| Date you first noticed the damage or date of loss: | | |
|--|-----------------------------------|---------------------------|
| How was the damage caused? Describe the circumstances of the loss: | | |
| List items being claimed | Amount | Quote/Invoice Attached? |
| | | |
| Has the cause of the damage been rectified? Give details. | By whom (attach invoice showing o | cause has been rectified) |

- Please ensure you have **two quotes** to repair the resultant damage before submitting this claim to the Body Corporate Manager.
- Any claim relating to Common Property (garage doors, entry doors) must be replaced as per existing at the time of the claim. Any proposed changes will require Committee approval prior to completion.





Third Party Details

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

| Was the loss reported to the Police? | | e circle / NO |
|--|------------------------------------|-------------------------|
| Name of Police Station: | | |
| Address of Police Station: | | |
| Name of Police Officer: | | |
| Police Report Number: | | |
| Declaration | | |
| I hereby declare that the information cand I make this declaration on the basis on behalf of the Owners Corporation. | | |
| Signature: | Date: . | |
| Please print name: | | |
| Please return your completed claim forn | n and quotations to <u>insuran</u> | <u>ice@slbcm.com.au</u> |
| | | |
| For office use only | | |
| Insurer: | . Date lodged: | Entered by: |
| Accorder | Data appointed: | Inc Pof: |