

Claim Form

To ensure prompt attention to your claim, please supply information as requested below. When completed, please return this form to BCB together with any supporting documentation relevant to the claim, ie. quotations/invoices etc.

1 Type of Policy

- Body Corporate
 Machinery Breakdown
 Landlords Contents
 Contents
 Other: _____

2 The Insured

Name: _____

ie: If Body Corporate please insert the name of building, or if contents insert the name of the insured parties

SP/CTS/OC Number: _____

Community Title Scheme Number

Situation of The Insured Property: _____

Postcode: _____

3 GST Declaration

Is the insured registered for GST? Yes No

If yes, what percentage is the insured entitled to claim Input Tax Credits? _____%

Australian Business Number (ABN) ____ _ ____ _ ____ _ ____ _ ____ _

4 The Insurer

Policy Number: _____

Company: _____

Excess: _____

Is there any other insurance on the property? Yes No

If yes, please provide details of the Insurer/s and policy number/s: _____

5 What Happened *This claim will not be processed unless this section is completed*

Please explain how the damage occurred: _____

Date of Loss: _____

If the exact date of loss is not known please provide the date the damage was first discovered

Glass Claims for Commercial Strata policies must be submitted with a copy of the tenancy agreement showing that the Body Corporate is responsible for glass breakage, or, if the unit is owner-occupied, please advise.

Theft Claims for Common Area Contents must be submitted with proof of ownership (ie original purchase receipts, copy of 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).

6 Did any person/s cause the damage *whether intentional or accidental*

- No Yes, please provide the following:
 Unit Owner Tenant Other: _____

Please Complete:

Name: _____

Address: _____

Contact Number/s: b/h a/h mob

If damage caused by impact please provide:

Description of vehicle (year, make and model) _____

Registration Number of Vehicle _____

Vehicle Owner's Name & Contact Details _____

7 Police Report: *Police must be notified when property is lost, stolen or maliciously damaged – please ensure that notification is made prior to the claim being lodged*

Police Station: _____

Officer's Name: _____

Date Reported: _____ Crime Report Number: _____

8 Contact Details Should an Assessment be Necessary *Should an assessment be necessary please provide the following for a person/or persons who may be contacted to access this dwelling*

Name: _____

Title: _____

Address: _____

Contact Number/s: b/h a/h mob

9 What is being claimed *Please list the articles lost, stolen or damaged and the amount being claimed*

| Description of Property Being Claimed | Date of Purchase (if known) | Original Purchase Price (if known) | Replacement Purchase Price | Amount Being Claimed |
|---------------------------------------|-----------------------------|------------------------------------|----------------------------|----------------------|
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10 Declaration

*I hereby declare the answers to all the questions on this claim form and the description of the property lost or damaged are true and correct and that I have not concealed anything of which the Underwriters should be aware. **A Claim will not be processed unless the Declaration is completed and signed by a person authorised by the insured.***

Signature: _____

Signed By: _____

Please print full name

Title: _____

ie: Member of Body Corporate, Unit Owner, Body Corporate Manager, Building Manager, etc

Dated: _____

Fusion Repairers Report – must be completed by the repairer

Failure to have this form completed in full may financially disadvantage the Insured.

1 Electrical Damage (Fusion)

Make of motor: _____ Size of motor: _____ hp/kw

Serial number: _____ Age of motor: _____

Type of appliance: _____

Details of damage: _____

Cause of damage: _____

Is it under Manufacturer's Warranty? Yes No

Is this Motor A Sealed Unit? Yes No

2 Details of repairs and service changes

Sealed units – Please ensure that the Invoice submitted with this claim form gives Individual costs of all parts and labour.
Open circuits, worn or damaged bearings, refrigerants or any other mechanical faults are not covered by this insurance.

The following section must be completed for all motors

■ If this motor has been replaced please supply an estimate of costs had the motor been rewound.

■ Please circle yes or no whether destruction or damage to any parts of the electrical machines, installations or apparatus was caused by the actual burning out of such part or parts by the electric current within.

Rewind Costs (Including installation and removal)

Winding of Stator Yes No \$ _____

Winding of Rotor or Armature Yes No \$ _____

Brushes Yes No \$ _____

Bearings (give details & reason for same) Yes No \$ _____

Switch Gear Yes No \$ _____

Auxillary Equipment Yes No \$ _____

Removal & Installation Yes No \$ _____

Hire of Loan Motor including installation and removal Yes No \$ _____

Other Repairs Yes No \$ _____

Overtime Costs Yes No \$ _____
(Please provide details)

Transport Costs Yes No \$ _____
(Please provide details)

Signature of Repairer: _____ Date: _____

Company Name: _____

Gold Coast:

PO Box 5579, Gold Coast MC QLD 9726
Lot 1, 7 - 9 Burra Street
Chevron Island QLD 4217
T: 07 5668 7800 **F:** 07 5668 7801
claimsgc@bodycorporatebrokers.com.au

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100300-08/13**G O L D C O A S T****B R I S B A N E****S Y D N E Y****M E L B O U R N E****P E R T H****bodycorporatebrokers.com.au**

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