



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 STRUCTURAL DAMAGE.**

OFFICE USE ONLY

SIGNED: DATED:
Date Received Date Lodged Date Closed Staff ID