

Before lodging your claim please refer to the Landlord Claim Check List to ensure you provide all the relevant documentation required by the insurer.

CLIENT DETAILS

Insured Landlord's Name:	Policy No:	
Mobile Number:	Email:	
Insured Property Address:		
Suburb:	Postcode:	State:

MANAGING AGENT'S DETAILS

Strata Manager's Name:
Real Estate Agent/Property Manager's Name:
Real Estate Agent/Property Manager's Phone Number:
Real Estate Agent/Property Manager's Email:
Real Estate Agent/Property Manager is authorised to act on my behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No

GOOD AND SERVICES TAX (GST)

Are you registered for GST purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an ABN? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
What is the GST percentage amount claimed: _____%

DETAILS OF LOSS

Date of Loss dd/mm/yyyy: / /
Provide a full statement of the circumstances of the loss:

DETAILS OF REPAIR WORK AND/OR REPLACEMENT:

Details of items loss or damaged

(If repair/replacement has been carried out, please attach invoice, alternatively attach quotation for repair/replacement)

List item lost, stolen or damaged	Owner of item	Cost \$	Amount claimed \$
Total amount of claim:			

DETAILS OF PERSON RESPONSIBLE FOR DAMAGE (IF APPLICABLE)

Name:	
Insured Property Address:	
Suburb:	
Postcode:	State:

CLAIM SETTLEMENT

In the event that the insurer accepts your claim, please advise your preferred payment method.

Payment Method: EFT Cheque

ELECTRONIC FUNDS TRANSFER DETAILS

Following insurers approval of the claim, should you wish to have settlement funds transferred directly into the Owners Corporation bank account, please provide the following details.

Name of Financial Institution: _____ Account Name: _____

BSB: -

Account Number:

IMPORTANT NOTICE

I hereby declare the above statements and particulars to be true and correct and I make this declaration on the basis that I have delegation of power to sign for and on the behalf of the Insured.

Date: / /

Signature of insured or person with authority to sign on behalf of the insured

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