

LANDLORD INSURANCE

RENT DEFAULT OR MALICIOUS DAMAGE CLAIM

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

TENANT'S DETAILS

Tenant's Name:
Tenant's New Address (if known):

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"/> <input type="text"/> <input type="text"/>
What is the GST percentage amount claimed: _____%

DETAILS OF LOSS

Provide a full statement of the circumstances of the loss:	
Date to which rent is paid in full (Excluding Bond) dd/mm/yyyy:	/ /
Date tenants vacated the property dd/mm/yyyy:	/ /
Is there a new tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date rented dd/mm/yyyy: / /
Did malicious damage or theft occur? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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BOND DISPERSAL

Total Amount of bond: \$ _____

Please specify all bond and uninsured costs such as cleaning, changing of locks, maintenance, excess water, advertising, reletting fees, accidental damage, etc.

Item purchased with bond money	Cost \$

Balance of bond remaining after deducting any costs (if any): \$ _____

Please specify any claim for malicious or intentional damage:

Item damaged/replaced	Cost \$

Total amount of claim: \$ _____

If repair/replacement has been carried out, please attach invoice or alternatively quotation for repair/replacement.

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:

RESOLUTE PROPERTY PROTECT PTY LTD
ABN 53 157 850 827
AFSL 425 966

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