

Insurer:	Policy No:	Date Due:
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## DETAILS OF CLAIM

Insured/Plan No:	
Is the insured registered for GST purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the insured have an ABN? <input type="checkbox"/> No <input type="checkbox"/> Yes	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"/>
What is the GST percentage amount claimed:	%
Address at which loss/damage occurred:	
Date of Loss:        /        /	Time of Loss:        :
Particulars of event causing damage:	
Description of items lost/damaged:	
Who is the onsite contact? (eg. caretaker, owner, strata manager)	
Name of onsite contact:	Contact Number:
<b>Who discovered the loss?</b>	
Were there any witnesses to the loss, theft or damage? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes please provide details:	
Name of witness:	Telephone:
Address:	Post code:
Have police been notified? <input type="checkbox"/> No <input type="checkbox"/> Yes (YES is required for all malicious damage/burglary claims)	
If YES, which station & officer?	Date Reported:

## DETAILS OF PERSON CAUSING DAMAGE (IF APPLICABLE)

Name:	
Address:	
Contact Number:	
Vehicle Registration Number:	Vehicle Insurer:

## DETAILS OF REPAIR WORK AND/OR REPLACEMENT:

Repair work or replacement has been carried out.

(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	If known: Date, name & address of company where item purchased.	Purchase price \$	Input tax credit you can claim on the purchase of these items as a % of the total GST payable.	Amount claimed \$
Less Excess of : \$				<b>Total</b>	

Please make cheque payable to:  1. Owners Corporation  2. Repairer or Supplier, or  3. other specified:

## 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.

Name of Manager:

\_\_\_\_\_

Signed for (Insured/OC No): \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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