

INSURANCE CLAIM INCIDENT REPORT

To ensure prompt attention to your claim, please supply the information as requested below.
When completed, please return the form to this office or IAGB with all supporting documentation relevant to this claim.
Eg. Police Report Card, Original Invoice/Quote, Repairer's Report. * **IS REQUIRED**

* Body Corporate for.....
CTS

* Date of Incident/Loss:

* What happened? (Full explanation of incident/loss must be provided)

POLICE NOTIFIED: The Police must be notified when property is lost, stolen or maliciously damaged. YES NO

If yes, please provide the following and attach the original Police Event Report

POLICE STATION	OFFICERS NAME	DATE NOTIFIED	POLICE EVENT NUMBER

Third Party (*name and address of third party*) (*please insert the name, address of person who caused the damage*):

* Lot /Common Property Area? (please advise lot number)

* Property Affected

DESCRIPTION OF PROPERTY OR ARTICLE LOST/STOLEN, DAMAGED/DESTROYED	REPLACEMENT PURCHASE PRICE	AMOUNT CLAIMED	ORIGINAL PURCHASE PRICE

* Repairer/Supplier

Please note: If the estimated result and damage exceeds \$1,000.00 the body corporate insurer may appoint an assessor.

Has the damage been repaired? YES NO

OR quotation supplied? YES NO

If **YES** could you please forward by post the original copies of the Repairers invoice(s) or quotation(s) with this report.

If **NO** (example no Resident Manager on site – are you intending to arrange for the repairs to be carried out or do you wish for the body corporate to attend to this matter?)

Please return this completed report as quickly as possible this will enable us to finalise this claim with the Body Corporate's Insurer.

*** DECLARATION**

I hereby declare the answers to all the questions on this Insurance Claim Incident Report and the description of the property lost or damaged are true and correct and that I have not concealed anything of which the Insurers should be aware.

APPLICANT (BUILDING MANAGER, OWNER, TENANT, ETC)

SIGNATURE DATE

PLEASE PRINT NAME

CONTACT DETAILS

E-MAIL

TELEPHONE NUMBER (BUSINESS HOURS)

MOBILE NUMBER.....