

# Owners Corporation Insurance Claim Form

Office Use Only:

Owners Corporation Plan No:	
Insurer:	
Policy No:	
Excess:	\$
ABN:	
Registered for GST:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Claim Input Tax Credits:	%

Address where the event occurred:	
<i>For claims on the Owners Corporation Insurance the excess is payable by the claimant.</i>	
Nature and Cause of Damage:	
Date of Loss	/ /

Contact Details for Access:	Name:
	Phone No:
	Mobile No:
	Email:

Police Report Attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Police Report Date:	
Police Report No:	

Is the claim recoverable from third party?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Third Party Details:	Name:
	Address Line 1:
	Address Line 2:
	Phone No:
	Mobile No:
	Email:
	Vehicle Registration No. (if applicable) :
Vehicle Insurer (if applicable):	

*I hereby declare the above statements and particulars to be true and correct.*

Full Name:	
Address Line 1	
Address Line 2	
Phone No:	
Mobile No:	
Email:	

Signature:	
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Date:	/ /
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*Please attach any invoices and/or quotes that you may have in relation to this policy.*