INSURANCE AND GENERAL BROKERS ARM 37 007 967 710 AFS Licence 239 049 PO Back 2014 PO Back 2014 Unitarize recent 2015 PAX END 17 2850 1623 Email: Interregulates@pinsurancead.com.au 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 insurance Aid General Brokkers with all supporting documentation relevant to this Eq. Police Report Card, Organia InvoiceQuote, Repairer's Report. *Is REQUIRED * BODY CORPORATE FOR *DATE OF INCIDENT/LOSS: (If the exact date of loss is not known please provide an approximate date or the date the damage was first discovered) *POLICY DETAILS INSURER POLICY NUMBER_ EXCESS *GST DECLARATION Is the Body Corporate Registered for GST? YES NO If yes, what percentage is the Body Corporate entitled to claim? % ABN *WHAT HAPPENED? (Full explanation of incidentitoss must be provided) *WHAT HAPPENED? (Full explanation of incidentitoss must be provided) If yes, please provide the following and attach the original Police Event Report 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 POL		EDAL BOCKEDS ARN 27 007 567 740 AES I	icence 230 040	
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f Impact caused by vehicle please advise - Description (year make model) Registration and Vehicle Owners Name and	Address	Contact Number/s		
Contact Details.		lease advise – Description (year, make, mo	odel), Registration, and Vo	ehicle Owners Name and

*UNIT OR LOT NUMBER/COMMON PROPERTY AREA? (please advise lot number)_____

*PROPERTY AFFECTED

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

*Repairer/Supplier

Please note: If the estimated result and damage exceeds \$2,000.00 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.

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

*CONTACT DETAILS (Should assessment be necessary) Please provide contact details for a person or person/s who may be contacted to access the dwelling.

NAME	TITLE
ADDRESS	
E-MAIL	

*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

For any body corporate claims or policy enquiries please contact Insurance Aid General Brokers directly on 07 3630 1823

How to lodge this claim? For easy lodgement you can email your claim to <u>brisenquiries@insuranceaid.com.au</u> Alternatively fax 07 3630 1623 Or Mail PO BOX 982, HAMILTON, QLD 4007

Additional Claim Information

Glass Claims for Commercial Body Corporates must be submitted with a copy of the tenancy agreement showing that the tenant is not responsible for glass breakage (Most tenancy agreements state tenant is responsible for any glass breakage). If owner occupied, please advise).

Theft Claims for Common Area Contents must be submitted with proof of ownership (ie original purchase receipts/asset register **Resultant Water Damage** claims (ie damage caused by the leakage of water) must be accompanied by a rectification invoice showing that the cause of the water leak has been repaired (this invoice must show the scope of works carried out).