



The Insured

Policy Number

The insured

Risk address

Unit Number(s) Affected

ABN

GST registered

ITC %

Contact Details

Reported by

Owner Tenant Agent

Name

Address

Phone

Email

Onsite Contact for Access

Owner Building Manager Other
 Tenant Agent

Name

Address

Phone

Date of Loss

Day

Month

Year

Claim Amount

 Please provide all quotations and invoices in relation to the repairs.

In order to settle your claim we require the Strata Company Bank Account details as below:

Account Name

BSB

Account Number

Particulars of Loss (what happened)

- If damage relates to a burst pipe please complete a summary of costings form.
- If damage is caused by water please ensure the cause of the damage has been rectified and include a copy of the rectification invoice in your claim submission.
- If damage to fence please advise whether a boundary fence to neighbouring property/to street/internal
- If damage is caused by a third party (party is responsible for claimed amount) please provide details of the person responsible for the damage or complete a third party details form.

Forms can be obtained by contacting 1300 724 678 or emailing yourclaim@scinsure.com.au

Police report number

Damaged items being claimed:

Claim Declaration

I certify that I am authorised to submit this claim on behalf of the insured, that the information provided is truthful, accurate and complete, and that no information likely to affect this claim has been withheld. I understand that this claim may be refused if information is untrue, inaccurate or withheld.

Any personal information collected will be used to process and manage this claim. If you do not provide this information we may not be able to process or manage this claim. We may have to disclose your personal information to third parties who assist us in assessing and processing this claim, including insurers and reinsurers, health service providers, investigators, our specialist advisors and service providers, or as required by law. These entities may be located in Australia or overseas.

By submitting this claim you authorise us to use your personal information in this way and in accordance with our Privacy Policy. Our Privacy Policy contains further details including how you can access and correct personal information we hold about you, and how to complain about any breach of the Australian Privacy Principles. For a copy of our Privacy Policy please refer to our website, or email compliance@scinsure.com.au

Yes, I Agree

Signature

Date of submission

Day

Month

Year

Please note that we cannot process your claim unless you agree to the Claim Declaration above.