

# Claim Form

The Specialists in Strata and Community Title Insurance

To ensure prompt attention to your claim, please supply information as requested below. When completed, please return this form to the CHU office in your State together with any supporting documentation relevant to the claim, ie: quotations / invoices etc.

What is insured?		BUILDING MANAGER	
Insured		Phone	Mobile
Policy number (from your schedule	2)	Email	
Address of Risk		OTHER CONTACT 1 (if required)	
Building Name (if applicable)			
		Phone	Mobile
Unit Number			
		Email	
Street			
		OTHER CONTACT 2 (if required)	
Suburb		OTHER CONTACT 2 (if required)	
		Phone	Mobile
Postcode	State	Thore	Woone
		Email	
Additional contacts			
Additional contacts		OTHER CONTACT 3 (if required)	
LOT OWNER			
		Phone	Mobile
Phone	Mobile		
		Email	
Email			
		OTHER CONTACT 4 (if required)	
TENNANT (if applicable)			
		Phone	Mobile
Phone	Mobile		
		Email	
Email			
		plea	ase continue over page

Streets CST details	Describe damage/loss.
Strata GST details	Describe damagerioss.
1 Is the insured registered for GST purposes?	
YES NO	
2 To what extent is the insured entitled to claim input tax credits?	
%	
3 If yes to question 1, please specify your ABN (11 digits)	
Claim details	
Date of loss	
Describe the circumstances of how the loss occurred and	
the damage.	Claim amount \$
	If fence damage, is it a dividing fence between your property and an adjoining property owner?
	YES NO
	TES NO
	Police Report
	Tollee Report
	Was a report made to the police? YES NO
	(You must report any loss, theft or vandalism of the property to the police)
	Date reported
	Police station
	Report number
	0.1
	Other insurances
	Is there any other insurance on the property?
	YES NO If yes, please provide:-
	Insurers name
	Policy number

please continue over page

Third Party		Plumbing repairs
Is there a third part YES NO	ty involved?	If your plumber has not already done so, please ensure the following information is provided on the account/invoice (failure to do so may result in a delay in the claim being
Do you know who property?	is responsible for the loss to your	processed).
YES NO		i. Search and Find
If yes, please provide	de their name and contact details.	
Name or Business r	name	ii. Plumbing repair
Address		iii. Reinstatement
		Fusion of Electrical Motors
Phone	Mobile	Describe the nature and cause of the damages.
Email		
Lilian		
Vahicla registration	n number (if applicable)	
veriicie registration	ттиттрег (паррисавіе)	
Driver's Licence		
Dilver's Electrice		
Witnesses		
Were there any wit	tnesses to the loss?	
YES NO		
If yes, please provide	de their name and contact details.	
Name		
		What does the motor operate?
Address		virial does the motor operate:
		Horse power/Kilowatt rating
Phone	Mobile	Age of appliance/motor
THORE	Iviobile	
Email		
		Is it under manufacturer's warranty?  YES  NO
		please continue over page

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List of Articles lost, stolen or damaged	Additional Information
Please complete this section to describe lost, stolen or damaged items and state the amount, which is being claimed under the policy.	Please provide any additional information relevant to the claim e.g. other contacts or repair information.
Full description of each item lost/stolen or damaged	
	Do you require a builder/assessor? YES NO
Your Details	
You are? the insured insurance broker	
strata manager other	
If other, please specify:	Please attach any supporting documentation to this
If other, please specify:	Please attach any supporting documentation to this Claim Form.
If other, please specify:  Name	Claim Form.  I declare that to the best of my knowledge and belief
	Claim Form.  I declare that to the best of my knowledge and belief the information in this form is true and correct and I
Name	Claim Form.  I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I consent to CHU Underwriting Agencies Pty Ltd using my personal
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Name  Business or A.R. name  Street  Suburb  Postcode  State	I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I consent to CHU Underwriting Agencies Pty Ltd using my personal information I have provided on this form for the purposes of processing my claim. I understand that if I choose not to provide the required details my claim may not be able to be processed.  I agree?  YES  NO
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