

# RESIDENTIAL LANDLORDS PROPERTY INSURANCE CLAIM FORM

Please answer all relevant questions and attach a separate sheet if more space is needed.

## PURPOSE

Name of Insured \_\_\_\_\_ Trading as \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact number \_\_\_\_\_

Email address \_\_\_\_\_

Postal address \_\_\_\_\_

## GST DETAILS

Is the insured registered for GST purposes? No  Yes

**If yes**, provide insured's ABN \_\_\_\_\_

Has the insured claimed (or can claim) an input Tax Credit for the GST on your insurance policy?

No  Yes

**If yes**, show the amount the insured intends to claim if it's less than 100% \_\_\_\_\_ %

## CLAIM DETAILS

(NB. You must report any loss, theft or vandalism to the police. We may need to apply for a copy of your report.)

Address where the loss/damage occurred \_\_\_\_\_

Time and date of loss \_\_\_\_\_ am/pm (please circle) Date \_\_\_\_\_

Brief description of what happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is a third party responsible for the loss/damage (including a tenant)? No  Yes

**If yes**, who? \_\_\_\_\_

Please advise contact details, including telephone numbers of any witnesses

\_\_\_\_\_

\_\_\_\_\_

Were the police notified? No  Yes

If **yes**, please provide the following details.

Police Officer's name \_\_\_\_\_ Station \_\_\_\_\_

Police Report Number \_\_\_\_\_ Date \_\_\_\_\_

What was the method of entry/exit to/from the premises? \_\_\_\_\_

What other action was taken to reduce your loss? \_\_\_\_\_

**List of items lost, damaged or stolen**

If you need more space, please attached a separate sheet showing the information below for each item.

Full description of each item lost, damaged or stolen	Month/Year Purchased or acquired	Original purchase price (\$)	Input Tax Credit you can claim as a % of the total GST	Amount (\$) claimed
			%	
			%	
			%	
			%	
			%	
			%	

**TOTAL** \_\_\_\_\_

Do you own the items listed? No  Yes

Provide details of any other interested party (e.g. Mortgagee) \_\_\_\_\_

- A) If the damaged item is repairable, please attach two original quoted for repair
- B) If the damaged item is unrepairable, attach the original receipt, valuation, quotes for replacement or certification from an authorised repairer that the item is unrepairable.
- C) Photographs of the damaged property should also be supplied to us if available

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## LOSS OF RENT DETAILS

(Please attach the residential lease applicable to the claim)

Reason for loss of rent \_\_\_\_\_

\_\_\_\_\_

Name and contact address of tenant (or forwarding details if known) \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Has the term set out in the original lease to the Tenant expired? No  Yes

Has the Tenant given you or your managing agent, notice of intention to vacate? No  Yes

If Yes, please attach a copy of the notice

Have notices to vacate been issued to the Tenant? No  Yes

If Yes, please attach a copy of the notice(s)

Has a claim been lodged with any Tenancy Tribunal? No  Yes

If Yes, please attach a copy of the claim(s)

What date did the Tenant move into the premises? \_\_\_\_\_

What date did the Tenant vacate premises/return keys? \_\_\_\_\_

What date has the Tenant paid rent till? \_\_\_\_\_ Bond details? \$ \_\_\_\_\_

Has the Bond been claimed? No  Yes

If No, why not? \_\_\_\_\_

Have the premises been re-let? No  Yes

If No, why not? \_\_\_\_\_

If Yes, attach a copy of the new residential lease)

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## AMOUNT OF CLAIM FOR LOSS OF RENT

Date from \_\_\_\_\_ Date to \_\_\_\_\_ @ weekly rent = \$ \_\_\_\_\_ A

**CLEANING AND RE-LETTING\* EXPENSES SHOULD BE DEDUCTED FROM THE BOND AS FOLLOWS**

			Your available input Tax Credit	=	Net expense deduct from Bond
General Cleaning	\$ _____	less	\$ _____	=	\$ _____
Advertising	\$ _____	less	\$ _____	=	\$ _____
Re-letting fee	\$ _____	less	\$ _____	=	\$ _____
Other * (specify)	\$ _____	less	\$ _____	=	\$ _____
(*maintenance cost cannot be claimed as a re-letting expense)					
Total cleaning and re-letting expenses					\$ _____ <b>B</b>
Net Bond = Bond amount less B (any expenses in excess of the Bond cannot be claimed)					\$ _____ <b>C</b>
<b>Amount of claim = A less C</b>					\$ _____

**PAYMENT DETAILS**

Do you want payment to be made by electronic funds transfer? No  Yes   
If Yes, provide the payee's bank details

Bank name \_\_\_\_\_ Brank branch \_\_\_\_\_

Account Name \_\_\_\_\_ BSB \_\_\_\_\_

If **no**, who should the settlement cheque to be made payable to? \_\_\_\_\_

This claim is being made against Chubb Insurance Australia Limited ("Chubb") which may be contacted by calling 02 9273 0100 to receive information on the closest Chubb office. Chubb reserves the right to contact either the insured or Honan Insurance Group directly or indirectly to gather any further information Chubb may require as part of the claim review process. Any information provided to Honan Insurance Group or Chubb will be subject to Chubb's Privacy Policy, which may be found at [www.chubb.com](http://www.chubb.com).

**DECLARATION**

(If a firm / company, the following declaration must be made and signed by a member of the firm, so describing him self / herself)  
I/We declare that the above answers are true and correct to the best of my/our knowledge and that I/we have not withheld any relevant information that may affect the claim. I/we consent to Chubb Insurance Australia Limited using my personal information provided on this form for the purpose of processing my claim.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name in full (printed) \_\_\_\_\_

Position (if a firm/company) \_\_\_\_\_

For Office Use Only - To Be Completed By Honan Insurance Group

Policy Number \_\_\_\_\_ Period of Insurance \_\_\_\_\_

Date Premium Paid \_\_\_\_\_ Print Name \_\_\_\_\_