

MAJOR EVENT REPORT FORM (MERF)

STRATA PLAN NAME (as it appears on your Policy Schedule): _____ CTS/SP/GTP/OC/SC/CC: _____

STRATA PLAN ADDRESS (as it appears on your Policy Schedule): _____

STATE: _____ POSTCODE: _____

GST REGISTERED Y N ITC: _____ ABN: _____

DOL: _____ INSURABLE EVENT: _____

Contact name and details to provide access for a loss adjuster or panel builder to inspect the damage:

NAME: _____ PHONE: _____

EMAIL: _____ MOBILE: _____

TITLE (please circle): building manager owner letting agent tenant other: _____

ROOF (main building roof) UNROOFED PARTIALLY UNROOFED LEAKING

ROOFING MATERIAL: _____

DAMAGE DESCRIPTION: _____

ACTION TAKEN: _____

INTERNAL WATER DAMAGE N Y NO. OF LOTS WITH DAMAGE: _____ MINOR MEDIUM MAJOR

DAMAGE DESCRIPTION: _____

ACTION TAKEN: _____

EXTERNAL BUILDING DAMAGE (other than roof) N Y MINOR MEDIUM MAJOR

DAMAGE DESCRIPTION: _____

ACTION TAKEN: _____

GLASS BREAKAGE N Y NO. OF PANES BROKEN: _____ MINOR MEDIUM MAJOR

DAMAGE DESCRIPTION: _____

ACTION TAKEN: _____

EXTERNAL STRUCTURES GATE/S AWNINGS SHADE SAILS FENCES GAZEBO/S PATIO/S SIGNAGE

DAMAGE DESCRIPTION: _____

ACTION TAKEN: _____

MACHINERY N Y WHAT DOES IT OPERATE: _____

DAMAGE DESCRIPTION: _____

ACTION TAKEN: _____

COMMON CONTENTS N Y

DAMAGE DESCRIPTION: _____

ACTION TAKEN: _____

IS THE PROPERTY HABITABLE? N Y PARTIAL

MORE INFORMATION: _____

WILL LOSS OF RENT/TEMPORARY ACCOMMODATION APPLY? (refer BCB Claims Fact Sheet #9a) N Y PARTIAL

MORE INFORMATION: _____

Refer next page to complete the Level of Urgency – Self Evaluation

BCB OFFICE USE ONLY: BCB CLAIM NUMBER: _____ ID: _____ INSURER: _____

GST: Y N ABN: _____ POLICY NUMBER: _____ EXCESS: _____

BCB OFFICE OF ORIGIN: _____ BCB CLAIMS HANDLER: _____ ADJUSTER APPOINTED: _____

LEVEL OF URGENCY - SELF EVALUATION:

With "1" being minor damage & "5" being severe damage. Please select **one only** which best describes the damage situation of the Strata Plan.

Please Note: Your response will affect our actions, please consider others & whether you have correctly evaluated your level of urgency as resources may be limited:

- 1 Very Low to Low (minor):** Poses no threat or danger and will not worsen if left unrepaired – Carry out any maintenance required then carry out the claimable repairs. Submit invoices, Major Event Report Form and photos to substantiate the damage at a later date.
- 2 Low to Medium:** Poses no threat or danger but may worsen if left unrepaired – Carry out any maintenance required then carry out minor repairs. Submit invoices, Major Event Damage Report Form, and photos. Obtain quotes for the Medium damage repairs, submit with the claim and await instructions from the insurer.
- 3 Medium:** May worsen if left unrepaired – obtain quotes, submit Major Event Report Form & photos and wait for instructions from the Insurer.
- 4 Medium to High:** No failure of utility services but immediate attention & loss adjuster required – submit photos of the damage to substantiate the severity with Major Report Form and onsite contact details. Obtain quotes if possible but do not delay lodging the claim as the Insurer may either engage a panel builder or provide further instructions.
- 5 Severe:** Immediate attention, loss adjuster required – severe damage, occupants displaced and/or failure of utility service(s) – submit photos of the damage to substantiate the severity where possible, details of number of units unfit for occupation, description of the damage and what utility services may have failed, with Major Event Report Form and onsite contact details.

Any other relevant information which may assist in evaluating the damage:

Submitted by: (please print your name and sign): _____

From: _____ Date: ____/____/____