

Claim Form

To help process your claim quickly, please provide the information requested below and return the completed claim form to BCB together with any supporting documentation relevant to the claim (quotes/invoices/photographs/reports, etc)

1 TYPE OF POLICY

- Strata Machinery Breakdown
 Landlords Contents Contents
 Other:

2 THE INSURED

Name: _____

If Strata Plan please insert the name of building, or if contents insert the name of the insured parties

SP/OC/CTS Number: _____

Situation/ Address of the Insured Property: _____

3 GST DECLARATION

Is the insured registered for GST? Yes No

If yes, what percentage is the insured entitled to claim Input Tax Credits? _____ %

Australian Business Number (ABN): _____

4 THE INSURER

Policy Number: _____ Company: _____

Excess: _____ Is there any other insurance on the property? Yes No

If yes, please provide details of the Insurer/s and policy number/s: _____

5 WHAT HAPPENED *(the claim cannot be processed unless this section is completed)*

Please explain how the damage occurred: _____

Date of Loss: _____ Who discovered the Damage? _____

The date the damage was discovered: _____

Glass Claims for Commercial Strata claims must be submitted with a copy of the tenancy agreement showing that the Strata Plan is responsible for glass breakage, or, if the unit is owner-occupied, please advise us.
Theft Claims for Common Area Contents must be submitted with proof of ownership (i.e. original purchase receipts, copy of asset register).
Resultant Water Damage claims (i.e. 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).

6 DID ANY PERSON/S CAUSE THE DAMAGE (whether intentional or accidental)

No Yes, please provide the following: Unit Owner Tenant Other: _____

Name: _____

Address: _____

Contact Number/s: b/h _____ a/h _____ mob _____

If the damage was caused by vehicle impact please provide:
Description of vehicle (year, make and model): _____

Registration number of vehicle: _____

Vehicle owner's name & contact details: _____

Name and contact details of the vehicle operator: _____

Name of the vehicle insurer and if applicable the claim reference number: _____

7 POLICE REPORT (Police must be notified when property is lost, stolen or maliciously damaged – please ensure that notification is made prior to the claim being lodged)

Police Station: _____ Officer's Name: _____

Date Reported: _____ Crime Report Number: _____

8 CONTACT DETAILS SHOULD AN ASSESSMENT BE NECESSARY

(Please provide the following for a person/or persons who may be contacted to access this dwelling)

Name: _____ Title: _____

Address: _____

Contact Number/s: b/h _____ a/h _____ mob _____

9 WHAT IS BEING CLAIMED? (Please list the articles lost, stolen or damaged and the amount being claimed)

Description of Property being Claimed	Date of Purchase (if known)	Original Purchase Price (if known)	Replacement Purchase Price	Amount being Claimed

10 DECLARATION

I hereby declare the answers to all of the questions on this claim form and the description of the property lost or damaged to be true and correct and I have not concealed anything of which the underwriters should be aware.

A Claim will not be processed unless The Declaration is completed and signed by a nominated representative of the named insured (Member of the Executive Committee, Strata Manager etc).

Signature: _____

Signed by: _____
Please print full name

Title: _____
i.e.: Member of Executive Committee, Unit Owner, Strata Manager, Building Manager, etc.

Dated: _____

FUSION REPAIRERS REPORT

(Must be completed by the repairer)

Failure to have this form completed in full may impact any potential claim settlement.

1.ELECTRICAL DAMAGE (FUSION)

Make of motor: _____ Size of motor: _____ hp/kw _____

Serial number: _____ Age of motor: _____

Type of appliance: _____

Details of damage: _____

Cause of damage: _____

Is it under Manufacturer's Warranty? Yes No

Is this Motor a Sealed Unit? Yes No

2.DETAILS OF REPAIRS AND SERVICE CHANGES

Sealed units – Please ensure that the Invoice submitted with this claim form gives the Individual costs of all parts and labour. Open circuits, worn or damaged bearings, refrigerants or anyother mechanical faults are not covered by this insurance.

Is the motor able to be rewound? Yes No

If No, why not? _____

If Yes, provide cost & written quote: \$ _____

If motor is uneconomical to be rewound please provide quote for replacement: \$ _____

Signature of Repairer: _____

Company Name: _____

Date: _____