



Trademark of PBCM Pty Ltd
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Email: theteam@stansurestrata.com.au
Website: www.stansurestrata.com.au

To:

Type of Policy: Due Date: Excess: \$

Policy Number: Amount: \$

1. Name of Insured: CTS Number:

2. Building Address:

3. Postal Address: c/- Stansure Strata, PO Box 184 Kedron Qld 4031

4. Body Corporate ABN:

5. Is Body Corporate registered for GST:

6. Date and Time of Event:

7. Where did the event occur?

8. Contact name if inspection required: Phone number of contact:

9. Full description of loss/damage (including cause of loss or damage):

10. Amount claimed (as shown on Schedule on reverse side of this form): \$

11. (a) Is any Third Party to blame for loss/damage?

(b) If so, who?

(c) In your own opinion, why?

12. (a) Have you received, or do you anticipate receiving notice of any claim from or on behalf of any Third Parties?

(b) If so, please complete details in Section '4' of Schedule on back hereof.

13. Name(s) and address(es) of witness(es), if any:

14. If claim for Loss by Burglary or Theft, describe method of entry:

15. Have Police been notified? If so, what station? Date:

16. When was the property last seen?

17. What action have you taken to recover or reduce your loss?

18. (a) Name of owner of property lost/damaged:

(b) Name of any other interested party (e.g) Mortgagee, Trustee:

(c) Details of other insurance covering damaged property:

DECLARATION

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

Signed

Dated

N.B. PLEASE COMPLETE SCHEDULE ON NEXT PAGE

SCHEDULE

(1) PLEASE COMPLETE FOR LOSS OF PROPERTY:

Description of Property for which loss is claimed	Date of Purchase of Acquisition	Current Replacement Cost	Value at time of loss	Value of salvage	Amount of Loss or Damages Claimed
TOTAL AMOUNT OF LOSS CLAIMED					\$

(2) PLEASE COMPLETE FOR DAMAGE TO PROPERTY:

PARTICULARS	NAME OF REPAIRER	COST OF REPAIRS	AMOUNT CLAIMED
TOTAL REPAIRS			\$
TOTAL AMOUNT CLAIMED			\$

(3) PLEASE COMPLETE FOR THIRD PARTY CLAIMS:

<p>Details of injury or damage to third parties:</p> <p>(a) Name</p> <p>(b) Address</p> <p>(c) Occupation</p> <p>(d) Age</p> <p>(e) Nature and extent of injuries/damage</p> <p>(f) Have you received any correspondence from third parties? If so, please enclose correspondence with this form.</p> <p>(g) Have you made any admission of liability?</p>
