



Insurance Claim Form

To ensure prompt attention to your claim, please supply the below information. When completed, please return this form to us via post or email (reception@richardsonstrata.com.au) with any supporting documentation relevant to the claim (i.e. quotations/invoices etc).

1 The Insured

Full Name: Policy Number

Address Postcode Work Number

Fax Number

2 Particulars of Loss

Brief explanation of what happened

Date of loss Was the property owned by you? YES NO If the property isn't owned by you, who is it owned by?

Was the loss reported to Police? YES NO *The Police must be notified when property is lost, stolen or maliciously damaged. You can do this by going into a Police Station or calling 131 444. Police Report Number Date Reported

Is there any other insurance on the property? If so, please provide details of the Insurer/s and the Policy Number/s

3 Third Party

If your property was stolen or damaged, do you know who was responsible? YES NO

If yes, please provide details

4 Plumbing Repairs

if your plumber has not already done so, please ensure the following information is provided on the account/invoice.

- Nature and cause of leak
- Composition of pipe (i.e: Gal, Copper, PVC etc)
- Procedures undertaken
- Details of charges including hourly rate, number of persons on the job (if more than one in attendance, please explain the requirement for additional people), and details of costs associated with:
 - Search and find
 - Plumbing repair
 - Reinstatement



5 Electrical Damage (Fusion)

Nature and brief cause of damage

What does the motor operate

Horse Power/Kilowatt Rating

Date of Purchase

Age of Appliance/Motor

Is it under manufacturers warranty

YES NO

6 List of articles lost, stolen or damaged

Please complete the below to describe the lost, stolen or damaged article/s and state the amount which is being claimed under the Policy.

Description of property or article lost/stolen, damaged or destroyed	Date of Purchase	Original Purchase Price	Replacement Purchase Price	Amount being claimed

If there is not enough space on this form, please attach a separate sheet and include the above information for each article.

7 General

1 Is the insured registered for GST

YES NO

2 To what extent is the insured entitled to claim input tax credits

3 Australian Business Number (ABN)

8 Declaration

I hereby declare the answers to all 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 Underwriter should be aware.

Signature

Date