INS STRATA
STRATA AND GENERAL INSURANCE BROKERS

Claim Form

To ensure your claim is processed as quickly as possible, please ensure that all fields are fully completed and any supporting documents relevant to the claim is provided to our office.

Your Contact Details:

Name | Relationship to Property

Phone No. | Email

Strata Plan Details:

Strata Plan Number: | Policy No. | Unit No.

Street Address:

Suburb: | Post Code:

GST Details (If unknown/unsure, please confirm this information from your Strata Manager)

Is the Strata Plan registered for GST? ☐ Yes ☐ No

If Yes, please provide the Strata Plan ABN

Are you entitled to claim an input tax credit for the repair or replacement of damaged items? ☐ Yes ☐ No

If Yes, please specify the percentage amount being claimed?

Claim Details:

Date of Loss

Type of Loss

Please describe what happened and what damage was incurred.

Claimable Details:
Please describe all lost, stolen, and/or damaged items and state the amount/estimated value of each item.

INS Strata Pty Ltd ABN 65 630 050 878 | CAR No. 1275199
M 0412 686 811 | T 1300 800 085 | E gpsomas@insstrata.com.au
A 114 Cardigan Street | Carlton | VIC 3053
Authorised Representative for Community Broker Network Pty Ltd | ABN 60 096 916 184 | AFSL 233750

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Have repairs been arranged? If yes, please provide the completed quotes and invoices. ☐ Yes ☐ No

Was there a third party involved? If yes, please provide the following. ☐ Yes ☐ No

3rd Party Full Name	
3rd Party Phone No	
3rd Party Email	
3rd Party Address	

Supporting Documentation:
Please provide the following in support of your claim:

- Photos of the damages being claimed
- Quotes for repairs
- Causation report prepared by a qualified professional
- Cause rectification invoice
- Police Report (Please note you must report any loss, theft or vandalism of your property to the Police)
- Any other documents required to support your claim.

Onsite Contact for Access (if not you)

☐ Owner ☐ Tenant ☐ Building Manager ☐ Property Agent ☐ Other

Name	
Phone Number	

Electronic Funds Transfer Details

Following the Insurer's approval of your claim, your claim benefits can be transferred directly into your Bank Account Please provide the following details:

Account Name	
BSB Number	
Account Number	

Declaration:

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to INS Strata and the Insurer using the personal information I have provided on this form for purposes of processing my claim.

Where I have completed this form as a representative of another person, I confirm that person has authorised me to disclose their personal information included on this form and for that information to be used for purposes of processing their claim.

I understand that if I choose not to provide the required details my claim may not be able to be processed.

Signed: _____ **Date:** _____

Submit Form via Email