

INSURANCE CLAIM REQUEST FORM

To ensure your claim can be processed successfully and promptly, please ensure that each section in this form is completed in full and returned with any relevant supporting documentation, including:

- Quote/invoice for repairs
- Reports (plumbing, engineer, or other)
- Photos of damage

IMPORTANT INFORMATION

It is important to note that all insurance claims excesses are to be paid by the individual lot that is deemed to be the cause of the damage (for clarity where an event which causes damage and emanates from the common property the excess will be paid from Strata funds) all other excesses are to be met by the lot owner which is deemed to be the cause of the damage.

Claims relating to contents within the individual unit, not permanently affixed to the building (i.e. personal belongings, furniture, window furnishings, etc.) are not included within the strata insurance policy. Carpets, floating flooring and flood are optional inclusions and may not be included within your policy and therefore, it is recommended to confirm this with your manager if your claim relates to any of these optional inclusions.

Please note that it is the responsibility of all owners to ensure that their property has sufficient contents or landlord insurance to provide protection for items that are not covered under the strata insurance policy.

Should you have any questions, queries or require any further assistance, please contact your LOC Strata Management office or via email at claims@locsm.com.au

SECTION 1 – YOUR DETAILS

Full Name		
Relation to Property		
Agent Details (if applicable)		
Contact number		Email Address

SECTION 2 – BUILDING DETAILS

Unit/Apartment No.		
Building Name		
Property Address		

SECTION 3 – INCIDENT DETAILS

Date of loss		
	If unknown, please provide an approximate date that the damage was identified/reported	
Claim Type		
Description of loss		
Did any person/s cause the damage?		<i>If yes, please complete section 4</i>

SECTION 4 – THIRD PARTY DETAILS (IF APPLICABLE)

Full Name			
Relation to Property			
Contact number		Email Address	

IMPACT DAMAGE ONLY

Vehicle Registration	
Make/Model/Colour	
Vehicle insurer details	

MALICIOUS DAMAGE, VANDALISM AND THEFT ONLY:

A police report is required and must be submitted to the insurer – a copy of the report must be provided with this form.

Police Report No.	
Officer Name & Station	

SECTION 5 – REPAIR DETAILS

Have repairs been arranged/completed?

If a report, quotations or if works have been completed, a copy of the invoice or quotations are required to be submitted to the insurers. Please ensure you attach all supporting documentation are included with the submission of this form.

If no, do you require us to arrange a repairer?

SECTION 6 – ACCESS DETAILS

Full Name			
Relation to Property			
Company (if applicable)			
Contact number		Email Address	

SECTION 7 – DECLARATION

I/We, the undersigned, hereby declare that all information provided within this document is truthful, accurate and complete, and that no information likely to affect this claim has been withheld. By signing this document, I understand that this claim may be refused by the insurers if information is found to be untrue or deliberately withheld.

Full Name	
Signature	
Date	