

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 the Dynamic Strata Group office at 1300 995 138 or via email at claims@dynamicstrata.com.au

SECTION 1 – YOUR DETAILS

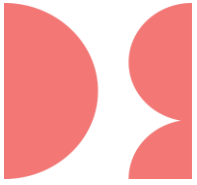
Full Name	<input type="text"/>		
Relation to Property	<input type="text"/>		
Agent Details (if applicable)	<input type="text"/>		
Contact number	<input type="text"/>	Email Address	<input type="text"/>

SECTION 2 – BUILDING DETAILS

Unit/Apartment No.	<input type="text"/>
Building Name	<input type="text"/>
Property Address	<input type="text"/>

SECTION 3 – INCIDENT DETAILS

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



SECTION 4 – THIRD PARTY DETAILS (IF APPLICABLE)

Full Name	<input type="text"/>		
Relation to Property	<input type="text"/>		
Contact number	<input type="text"/>	Email Address	<input type="text"/>

IMPACT DAMAGE ONLY

Vehicle Registration	<input type="text"/>
Make/Model/Colour	<input type="text"/>
Vehicle insurer details	<input type="text"/>

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.	<input type="text"/>
Officer Name & Station	<input type="text"/>

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	<input type="text"/>		
Relation to Property	<input type="text"/>		
Company (if applicable)	<input type="text"/>		
Contact number	<input type="text"/>	Email Address	<input type="text"/>

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	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>