

# **LANDLORDS RESIDENTIAL PROPERTY INSURANCE**

**CLAIM REPORT**

## ABOUT YOUR CLAIM

- ‰ We will contact you as quickly as possible about your claim.
- ‰ For many claims we will check the circumstances and damage before we authorise and pay for repairs.
- ‰ We may appoint a loss adjuster or investigator or contact you for more information.

## DO NOT AUTHORISE REPAIRS YOURSELF

- ‰ If possible, retain any damaged items, as we may need to inspect them before settling your claim.
- ‰ If possible, please attach proof of purchase, for each item being claimed e.g. receipt, invoice, bank/credit card statement, photo of the items, manual etc.
- ‰ Please refer to your policy booklet for more information about how your claim will be handled.
- ‰ If you have any questions about your claim, please contact CGU Insurance on 13 24 80 (13 CGU 0).

## HOW YOU CAN RESOLVE A DISPUTE WITH US

Our dispute resolution system is free and works like this:

1. Please advise the staff at your CGU Insurance office on 13 24 80 if you are dissatisfied with:
  - ‰ our decision on your claim
  - ‰ our handling of your claim
  - ‰ the services of our loss adjuster or investigator
2. The staff member will try to resolve the problem.
3. If unable to resolve it, the staff member will refer it to the supervisor or manager for attention. A decision concerning your complaint will be made within 15 business days of receipt.
4. If this fails to resolve your problem, you may request that the problem be referred to our internal dispute resolution staff. They will investigate the dispute and try to reach a satisfactory outcome with you, normally within 15 business days of the date you requested a referral.
5. If you do not accept our decision, you may take the problem to the **Financial Ombudsman Service (FOS)**, for an independent investigation. The FOS can assist with private consumer and some small business type claims.

The telephone number for the Financial Ombudsman Service is **1300 780 808**.

**More detailed information about this process is available from your CGU Insurance office.**

# LANDLORDS RESIDENTIAL PROPERTY CLAIM REPORT

## FOR LOSS, THEFT, FIRE, GLASS, IMPACT AND OTHER DAMAGE CLAIMS

This form is for making claims for lost, stolen or damaged property. If your claim is for a motor vehicle, personal injury or illness or machinery, or if it is a claim on a travel policy, you need a different form. Ask our agent, your broker or your CGU Insurance office for the right one.

**Please note: If insufficient space in any section, provide details on a separate page**

### Applicant details

1. Policy no. (from your schedule)

Expiry date

#### Office use only

XS

AD

LE

MP

Cause

2. Name of insured

Telephone no.

Real estate agent

Telephone no.

Postal address

Postcode

Email address

3. Are you registered for GST purposes?

No ☐

Yes ☐



What is your ABN?

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?

No ☐

Yes ☐



Is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium?

No ☐

Yes ☐



Specify the percentage amount claimed or intended to be claimed

%

### Damage report

1. Address or premises where loss or damage occurred

Postcode

2. Your claim may be the result of several different events. Each event will be treated as a separate claim and each claim will attract the policy excess.

**Please list below all separate identifiable events including the date that each event occurred.**

	Date of event	Nature of damage or loss
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>

For example, a number of spillages in a room – each spillage is a separate event attracting a separate excess.

3. Was the tenant responsible for any of the loss or damage?

No ☐ Yes ☐  please provide details.

### Other details

1. Name and address of tenant or forwarding address if known and/or drivers licence, passport details

2. Have you made a claim on any other insurance policy for the loss or damage claimed here?

No ☐ Yes ☐  please provide details.

Name of the insurer

Policy no.

3. All theft and tenant deliberate damage must be reported to the police for a claim to be made.

Name of station reported to

Date reported

Police report no.

DD / MM / YY


4. Name and address of witness(es) if any

### Tenancy information

1. Has the term set out in the original lease to the tenant expired?

No ☐ Yes ☐


2. If a new lease has not been agreed and signed, is the tenant occupying the premises under a Periodic Tenancy Agreement?

Yes ☐ No ☐  attach details of any agreement whether written or verbal.

3. Has the tenant given you or your agent notice of intention to vacate?

No ☐ Yes ☐  attach documentation with claim.

4. Have notices to vacate been issued to the tenant?

No ☐ Yes ☐  attach documentation with claim.

5. Has a claim been lodged with the Tribunal?

No ☐ Yes ☐  attach documentation with claim.

6. What date did the tenant move into the premises?

DD / MM / YY

7. What date did the tenant vacate/or return the keys?

DD / MM / YY

8. What date did the tenant pay their rent to?


Bond on premises

Weekly rent

DD / MM / YY

\$

\$

Yes ☐ No ☐  why not?

Yes ☒ the Residential Tenancy Agreement must be attached.

No  why not?

From	DD / MM / YY	to	DD / MM / YY	@ weekly rent =	\$	<b>A</b>
				less Bond	\$	<b>B</b>

		Your available input tax credit	Net expense to be deducted from Bond	
General cleaning	\$	\$	\$	
Advertising	\$	\$	\$	
Re-letting fee	\$	\$	\$	
Other (please specify)				
	\$	\$	\$	
<b>Total expenses</b>			\$	<b>C</b>
<b>Net Bond to be deducted from settlement</b>		<b>B less C</b>	\$	<b>D</b>
(Any expenses in excess of Bond are not claimable)				
<b>Claim total</b>		<b>A less D</b>	\$	<b>E</b>

**IMPORTANT: The following must be attached for claims**

- a.** Management agreement
- b.** Lease agreement
- c.** Tenancy application
- d.** Documentation to support refund from the rental bond board
- e.** Copy of tenant rent ledger
- f.** Copy of new lease (if applicable)
- g.** Copy of invoices for amounts deducted from the bond
- h.** Copies of notices to leave/arrears letters issued to the tenant
- i.** Executed warrant if applicable

## All other claims

If available, photographs of the damage should also be supplied.

1. Please list the details of your stolen or damaged property.

Only complete this column if the items being claimed for are used in connection with your GST registered business.

Fully describe each item lost, stolen or damaged	Month/year received or purchased	Purchase prices \$	Input tax credit you can claim on the purchase of these items as a % of the total GST payable	
	MM / YY			
	MM / YY			
	MM / YY			
	MM / YY			
	MM / YY			
	MM / YY			
	MM / YY			
	MM / YY			

2. Who caused the loss or damage?

Name and address of witness(es) if any


Who discovered the loss or damage, and when?

Name

Time

Date

<input type="text"/>	<input type="text"/> a.m. <input type="text"/> p.m.	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY
<input type="text"/>	<input type="text"/> a.m. <input type="text"/> p.m.	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY
<input type="text"/>	<input type="text"/> a.m. <input type="text"/> p.m.	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY

3. Is the property repairable?

Yes ☐ attach a quote/invoice(s) for the repairs

No ☐ attach original receipts, quotes for replacement or certification from an authorised repairer that the item is unrepairable

4. Have you had any previous loss, regardless of whether you have claimed for it or made any claims for loss, theft or damage on any insurance policy in the past five years?

No ☐ Yes ☐ please provide details.

Value

Date

<input type="text"/>	<input type="text"/>	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY
<input type="text"/>	<input type="text"/>	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY

No Yes  please provide details.

No Yes  please provide details.

## Additional comments (If insufficient room on previous pages)

## CONTACT DETAILS

**Enquiries** 13 24 81  
**Claims** 13 24 80

### Mailing address

GPO Box 9902 in your capital city

**Sydney**  
388 George Street  
Sydney NSW 2000

**Melbourne**  
181 William Street  
Melbourne VIC 3000

**Brisbane**  
189 Grey Street  
South Bank QLD 4101

**Perth**  
46 Colin Street  
West Perth WA 6005

**Adelaide**  
80 Flinders Street  
Adelaide SA 5000



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