econorisk

CLAIM FORM

BODY CORPORATE FIRE/THEFT & GENERAL PROPERTY LOSS

Claim No. (office use)		Policy No.		Date Received	

POLICYHOLDER / BODY CORPORATE DETAILS

Name of Body Corporate / Shareblock		Unit No.
Address of Body Corporate / Shareblock		

Name of Owner		Owner Contact No.	
Tenant Name		Tenant Contact No.	
Notified By / Person Reporting Claim		Contact No.	

DETAILS OF LOSS / INCIDENT

Date of Loss		Time		No. of Units Damaged	

Address Where Loss Occurred							
Place / Unit No. / Section							
Premises Occupied At Time Of Loss?	Yes		No		If No, When Last Occupied?		
Purpose of Occupation / Building							
Describe How The Loss / Damage Occurred							
What Caused The Loss / Damage?							

DAMAGE & REPAIRS

Resulting Damage?	Yes		No		**Supplier / Contractor Details**	
Property Replaced?	Yes		No		Name	
Damage Repaired?	Yes		No		Email	
					Contact No	
Description of Damage / Property Lost, Stolen Or Damaged						
Estimate of Damage / Amount Claimed						
Policy Excess						

PREVIOUS LOSS / OTHER INSURANCE

Similar Loss Previously Sustained?	Yes		No		Other Insurance Covered This Loss?	Yes		No	
If yes, please give details									

THEFT / FIRE / POLICE DETAILS

Were the Police Informed?	Yes		No		Police Station	
Police Reference / Case No.					Date Reported	
Result / Outcome of Police Report						

THIRD PARTY / WITNESS DETAILS (IF APPLICABLE)

Third Party Details

Name		Contact No.	
Address			
Third Party Insurance / Vehicle / Other Relevant Information			

Witness Details

Name		Contact No.	

WHO COMPLETED / LOGGED THIS CLAIM?

Select	Owner		Tenant		Managing Agent		Rental Agent		Broker	

Name			
Contact No.		Capacity / Role	
Signature		Date	

DECLARATION

I/We declare that the particulars and information supplied in this claim form are true and complete to the best of my/our knowledge and belief. I/We have not misstated, suppressed or omitted any material facts. Submission of this form does not constitute an admission of liability or guarantee of payment.

Signature of the Insured / Authorised Representative	
Name	
Designation / Capacity	
Date (yyyy/mm/dd)	

Please attach relevant supporting documents and provide additional pages if required.