Landlord Insurance

Cover Highlights

Please lodge your claim form before commencing repairs as we may need to appoint a loss adjuster. NB All malicious damage and theft claims must be reported to the police.

Section I. Policy, Contact and Tenant Details	
Policy Details	
Insured property address where loss or damage occurred:	
Insured's name:	
Insured's phone: Insur	red's email:
Insured's tax status: Registered business Yes No	If yes, ABN:
The proportion of the GST you will be claiming as an input tax of	credit: %
Contact Details	
Person submitting the claim: Agent Landlord	b
Name of person submitting the claim:	
Real estate agency (if applicable):	
Phone:	Email:
Defaulting Tenancy Details (we will endeavour to recover costs from	n tenants which will assist in keeping premiums at a minimum)
Full name of defaulting tenant/s:	
Tenant contact details:	Address:
Phone:	Email:
Section 2: DETAILS OF LOSS	
Loss of Rent Date tenant moved in: Date tenant moved	out: Lease expiry date:
Did the tenant give any notice to leave the property?	Yes No If yes, when:
Was the tenant evicted by court order?	Yes No If yes, when:
Bond held: \$	Date rent paid up to (excluding bond):
Rent sum: \$ per	Day Week Fortnight Month
Has the property been re-let?: Yes If yes, date:	No If no, why:
Details of damage	
Date damage was found: Did the above me	ention tenant cause the damage? Yes No
If no, please provide the name of the person/s responsible:	
Phone:	Email:
Type of loss (tick all appropriate boxes)	
Malicious damage Accidental damage D	eliberate damage Electric motor burnout
Fire or explosion Flood S	corching Impact
Storm or rainwater Theft V	Vater damage Pet damage
Other (specify)	
Malicious damage/theft - has it been reported to the police?	Yes No Police report number:
Electric motor burnout - damage by an electric current to motor	ors of contents/buildings items:
Appliance: Make/model:	Kilowatts of motor: Age:
Note: if the motor has been repaired in the last 12 months it may be cove	red under warranty; please refer to the provider in the first instance.



Documents Required

To reduce delays in the settlement of this claim, complete all questions and attach copies of the following supporting documents.

			Loss c Rent	Tenan Dama	Water Dama	Storm Dama	Electr Motor Burno	
Documents: Pern	nanent Tenancies		٦œ	μÖ	≥ △	S Q	ΞΣά	
Copy of tenant's rer	ntal history ledger (showing full rental history)		√	✓				
Copy of all breach r	notices, termination notices, court applications, orders issued a	gainst the tenant	√					
Copy of lease agree and signature)	ment for the defaulting tenant (only pages containing tenancy	details	✓	✓				
Copy of lease agree and signature)	ment for the new tenant if re-let (only pages containing tenanc	cy details	✓					
Copy of managing a professionally mana	agency agreement and invoice (for court attendance claims, ged)		✓					
Evidence of dated a	dvertising done to relet the property (must include date/s liste	d and address)	✓					
Copy of application	for tenancy (enables us to seek recovery)		✓					
Copy of all invoices	for allowable re-letting expenses used by bond		✓	1				
Copy of entry and e	exit property condition reports and routine inspections through	out the tenancy		1				
Last two routine ins	pections					1		
Labelled clear color	ır photos of damage caused			1	1	1		
Itemised quotes/inv	roices for the restoration or repair of the property damage			1	1	1		
Tradesman's report	with details of what caused the leak and that it has been repair	red			1			
Tradesman's report	with details to determine how the water entered the property					1		
Full itemised report	from the electrical contractor who inspected the motor						1	
Itemised quotes/inv	roices for the repair or the replacement of the electric motor or	nly					✓	
If you can not supply any of the documents please advise the reason why:								
Bandal Salaha								
Bond: List below	all bond expenses (attach quotes/invoices)		\$					
			\$					
			 \$					
			——— \$					
			<u> </u>					
Damage: List bel	ow all the damage expenses (attach itemised quotes/ir	voices)						
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
Payment Options	: Please select one of the following options							
EFT	Account name:	SB:	Acct #	t:				
Cheque	Cheque Payee: P	ostal address:						
Declaration:								
By submitting this claim I declair the statements and particular provided to be true and correct. No information likely to affect this claim has been withheld.								
Signature:			Date:					
Name in Full:		-						

