Landlords Residential Property Insurance Claim Report





Please retain this page for your information

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.
- Please attach an original quotation for repair or replacement of items. Quotations for replacement must be for property
 of equivalent style and quality to that which was lost or damaged or stolen.
- If possible, please attach proof of purchase, if items are no longer available for inspection.
- 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 CGU Insurance 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.

CGU Insurance Limited ABN 27 004 478 371

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		Office use only					
1.	Policy no. (from your schedule)	Expiry date / /	Alpha XS AD LE code Cause					
2.	Name of insured		Telephone no.					
	Real estate agent		Telephone no.					
	Postal address		()					
			Postcode					
3.	Are you registered for GST purposes? No Yes What is your ABN?	: : : : : : : :	: :					
	Have you claimed or do you intend to clair	n an input tax credit on the GST	applicable to this policy?					
	No Yes Is the amount claimed claimed less than 1009 applicable to the prem	% of the GST	Yes Specify the percentage amount claimed or % intended to be claimed					
	Damage report							
1.	Address or premises where loss or damag	e 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		Na	ature of damage or loss
1.	/	/	
2.	/	/	
3.	/	/	
4.	/	/	
5.	/	/	
6.	/	/	
7.	/	/	
8.	/	/	

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?

Yes please provide details.

No

	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	e loss or damage cla	aimed her	re?				
	No Yes please provide details.							
	Insurance company	I	Policy nun	nber				
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	Police report no.					
		/	/					
4.	Name and address of witness(es) if any							
	Tenancy information							
1.	Has the term set out in the original lease to the tenant expire No Yes	ed?						
2	If a new lease has not been agreed and signed, is the tenant	t occupving the prev	mises uno	der a Periodic Tenancy Agreement	?			
	Yes No attach details of any agreement whethe			, and the second s				
3.	Has the tenant given you or your agent notice of intention to							
	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?							
	/ /							
7.	What date did the tenant vacate/or return the keys?							
8.	What date did the tenant pay their rent to?	Bond on premises		Weekly rent				
		\$		\$				
•		+		¥				
9.	Has the Bond been claimed?							
	Yes No why not?							
10.	Have the premises been re-let?							
	Yes the Residential Tenancy Agreement must be attached.							
	No why not?							

Rent default claim										
Loss of re	nt for pe	riod						Total rent	lost	
From	/	/	to	/	/	@ we	ekly rent =	\$		Α
							less Bond	\$		в
Deduct from Bond cleani	ng and r	e-letting	expense	s as indica	ated belo	w				
	•	Ū	·	Your avail tax credit	able inpu		Net expense t deducted from			
General cleaning	\$			\$			\$			
Advertising	\$			\$			\$			
Re-letting fee	\$			\$			\$			
Other (please specify)										
	\$			\$			\$			
Total expenses							\$		С	
Net Bond	l to be d	educted	from sett	tlement			B less C	\$		D
(Any expe Claim tot		excess of I	Bond are	not claimab	ole)		A less D	\$		E

Note: Maintenance costs are not allowable re-letting expenses

IMPORTANT: The following must be attached for claims

Tick the box after enclosing each document to ensure we receive all required information

- a. Management agreement
- b. Lease agreement
- c. Tenancy application with ID attached
- 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. Date the tenant vacated the premises on company letterhead
- i. Rental increase letters sent to the tenant
- j. Copies of notices to leave/arrears letters issued to the tenant
- k. Executed warrant if applicable

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	
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			

2. Who caused the loss or damage?

Name and address of witness(es) if any				
Who discovered the loss or damage, and when?				

discovered the loss or damage, and when?

Name	Time	Date
		/ /
		/ /
		/ /

3. Is the property repairable?

Yes

No

attach a quote/invoice(s) for the repairs

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 of loss
		/ /
		/ /

5. Has any insurer refused or cancelled cover or required special terms to insure you?

No Yes	please provide details.

6. Have you been charged with, or convicted of, any criminal offence in the last 10 years?

No Yes please provide details.
Managing agent/insured declaration

Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance Limited in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this claim.

Signature of the insured, managing agent or person with authority to sign for and on behalf of a company or partnership

Date / /

Name in full

*This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.

Additional comments (if insufficient room on previous pages)

Contact details

CGU Insurance GPO Box 2852 Melbourne VIC 3001

13 24 80 (13 CGU 0)

claims@cgu.com.au

cgu.com.au



Insurer CGU Insurance Limited ABN 27 004 478 371