INSURANCE CLAIM INCIDENT REPORT

To ensure prompt attention to your claim, please supply ALL information as requested below. When completed, please return the form to SSKB or the Body Corporate/Owners Corporation Insurance Broker with all supporting documentation relevant to this claim (i.e. police report card, original invoice/quote or repairer's report). All sections marked with * must be completed.

* Body Corpor	ate/Owners C	Corporation for					
* Date of Incide	nt/Loss _		CTS/SP Number				
Policy Details -	Insurer:	Poli	icy Number:_		Excess	s:	
* What happen	ed ? Please pro	ovide full explanation of incident	/loss				
* Lot/Common the incident occur		∍a (Where did it happen? Pleas	se provide the loi	number o	or description of t	he common property area wher	
Police Notificat The police must be attach the original h	notified when p	roperty is lost, stolen or maliciously ort. Were the police notified? Yes	∕damaged. If the □ No □	police hav	e been notified, ple	ease provide the following details an	
POLICE STATION		OFFICERS NAME		DATE NOTIFIED		POLICE EVENT NUMBER	
Third Party (Ple	ease provide the	contact details of the person who c	caused the damag	e if known.,)		
Address							
Contact No.		Ema	ail				
If impact caused t	y vehicle pleas	se advise – Description (year, m	nake, model), Re	gistration	and Vehicle Owne	ers Name and Contact Details.	
Name							
*Property Affe	cted						
		F PROPERTY OR ARTICLE I, DAMAGED/DESTROYED	Dance - Caro	CEMENT SE PRICE	AMOUNT CLAIMED	ORIGINAL PURCHASE PRICE	



Repairer/Supplier
contact details for a person/s who may be contacted to access the dwelling.
NAME:TITLE:
E-mail:
Telephone(Business Hours):Mobile:
Has the damage been repaired? ☐ YES ☐ NO OR quotation supplied? ☐ YES ☐ NO
If YES please forward by post the original copies of the repairers invoice(s) or quotation(s) with this report.
If NO (example no Resident Manager on site), are you intending to arrange for the repairs to be carried out or do you wish for the body corp orate/owners
corporation to attend to this matter?
To enable us to finalise this claim with the insurer, please return this completed report and <u>any supporting documentation</u> as quickly as possible to SSKB or the Body Corporate/Owners Corporation Insurance Broker. *DECLARATION I hereby declare the answers to all the questions on this Insurance Claim Incident Report and the description of the property lost or damaged are true and correct and that I have not concealed anything of which the Insurers should be aware.
Signature Date APPLICANT: (BUILDING MANAGER, OWNER, TENANT ETC.) Name E-mail:
Telephone(Business Hours):Mobile:
Additional Claim Information:
Glass Claims for Commercial Bodies Corporate/Owners Corporation must be submitted with a copy of the tenancy agreement showing that the tenant is not responsible for glass breakage (Most tenancy agreements state tenant is responsible for any glass breakage. If owner o ccupied please advise). Please be advised glass claims are generally paid based on O'Brien Glass and Central Glass pricing structure. Theft Claims for Common Area Contents must be submitted with proof of ownership (ie original purchase receipts/asset register. Resultant Water Damage Claims (ie damage caused by the leakage of water) must be accompanied by a rectification invoice showing that the cause of the water leak has been repaired (this invoice must show the scope of works carried out)
First sighted by (ie. Community Manager): Name:

Privacy
The information collected from you may be provided to third parties assisting with the claim such as claims assessors, investigators and loss adjusters. Information about your rights in relation to privacy, including how to make a complaint if you think we have breached the law, how to access the information we hold or make changes and/or corrections to that information is in our privacy policy, which can be obtained from the SSKB website www.sskb.com.au or the relevant brokers website.

