

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.

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?

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 rent for period

From / / to / /

@ weekly rent =

Total rent lost

\$ **A**

less Bond

\$ **B**

Deduct from Bond cleaning and re-letting expenses as indicated below

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

a.m.

p.m.

a.m.

p.m.

a.m.

p.m.

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

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

D	D	/	M	M	/	Y	Y
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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

Enquiries 13 24 81

Claims 13 24 80

Mailing address

GPO Box 9902 in your capital city

Sydney

388 George Street
Sydney NSW 2000

Perth

46 Colin Street
West Perth WA 6005

Melbourne

181 William Street
Melbourne VIC 3000

Adelaide

80 Flinders Street
Adelaide SA 5000

Brisbane

189 Grey Street
South Bank QLD 4101



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Insurer
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