



## INSURANCE CLAIM FORM

This form must be completed when deciding to submit an insurance claim against the Strata Plan's insurance. Complete and return to our office with all relevant documents to support your claim.

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Strata Plan

Owner Name/s

Strata Plan Address

Owner Lot Number

Email

Loss Date

New Claim

Existing Claim

Claim Type

Claim Amount \$

Description of Loss

Resultant Loss

Completed Repairs/Scheduled Repairs

### Please provide the details of the 3<sup>rd</sup> party (if applicable)

3<sup>rd</sup> Party details not applicable

3<sup>rd</sup> Party details unknown

3<sup>rd</sup> Party details

Phone

Name

Vehicle Reg

Address

Policy No.



Please provide details of any witnesses to the incident

**Checklist**

Relevant quotes

Relevant invoices

Relevant reports

Further Information, invoices yet to be received

**Claimant Declaration**

I declare that the above details are true and accurate and that I'm authorised to submit this claim. My give permission for my contact details to be provided to the Insurer who may contact me for further information while assessing this claim.

Signature

Date

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**Shire One Strata Use Only:**

Policy No. [                    ]                    Excess [                    ]

Strata Manager [                    ]