

Claim Form



To ensure prompt attention to your claim, please supply the information requested. When completed, please return this form to the CHU office in your State together with any supporting documents relevant to the claim, ie: quotes invoices etc.

Your Details

Who are you?

Name

Phone

Email

Relationship to
Property

Strata Plan Details

What is the details of the Strata Plan?

Street

Suburb

State

Post Code

Building/Scheme
Name

Insured / Plan No/ Unit No

Policy Number

Is the Strata Plan registered
for GST

Yes

No

If Yes, Please list the
Strata Plan ABN

If Yes, please list the Tax
Input Credit (ITC) %

Tell us What Happened

Do you know when it happened?

Date

Tell us what happened and what damage was incurred? *include third parties, witnesses, Police report numbers etc*

Repairs

Have repairs been
arranged?

Yes

No

If No, do you require a
repairer?

Yes

No

Do you have a preferred
repairer?

Yes

No

If Yes, please list them here

Additional Contacts

Is there anyone else we should contact in regards to this claim i.e. such as building manager, tenant, real state agent etc

Name	Name	Name
Phone	Phone	Phone
Email	Email	Email
Relationship to Property	Relationship to Property	Relationship to Property

Preferred Payment Method

If a payment is to be made please let us know your preferred payment method. For EFT payments the account payee should be the Insured named listed on the policy.

Cheque

OR

EFT

Please allow 3 working days for EFT monies to be received into your account after payment is made

Account Name

Account Number

BSB

Supporting Documentation

Please include any supporting documentation for the incident such as photos, quotes and invoices etc. when you submit this claim form.

To return this claim form via email please click the "Submit Claim" button. Alternately you can email your form to your local state office on the details listed below.

New South Wales / ACT

Level 5, 1 Northcliff Street
Milsons Point NSW 2061
Tel: 1300 361 263
Fax: 1300 361 269
claimsadmin@chu.com.au

Victoria / Tasmania

Level 4, 628 Bourke Street
Melbourne VIC 3000
Tel: 03 8695 4000
Fax: 03 9620 1969
claims_vic@chu.com.au

Queensland

Level 12, King George Central
145 Ann Street
Brisbane QLD 4000
Tel: 07 3135 7900
Fax: 07 3135 7901
claims_qld@chu.com.au

Western Australia

Level 15, QBE House
200 St Georges Terrace
Perth WA 6000
Tel: 08 9466 8600
Fax: 08 9466 8601
claims_wa@chu.com.au

South Australia

208 Greenhill Road
Eastwood SA 5063
Tel: 08 8394 0444
Fax: 08 8394 0445
claims_sa@chu.com.au