

## Landlords Claim Form

The supply or acceptance of this form is not an admission of liability on the part of Allianz.

### Claim Number

<b>Name of Insured:</b>			
Contact Person			
Home Phone No.	Work Phone No.	Mobile No.	
Email	Occupation		
Postal Address			Postcode
Broker/Agent Name	Phone No.		
Policy No.	Excess \$		
Inception Date	Expiry Date		

**Interested Parties:** Is the property being claimed for under a Financial Agreement? Yes  No

Name of Financier  Contract No.

**G.S.T.:** Are you registered for GST purposes? Yes  No  A.B.N.

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy?  %

### Managing Agent details

Name of managing agent			
Contact person name			
Telephone number	( )	Facsimile number	( )

### Documentation required

Documentation required	Attached
• Documents to establish loss (eg. receipts, invoices, quotes, etc)	<input type="checkbox"/>
• Residential Lease, current at the time of loss	<input type="checkbox"/>
• Commencement and termination inspection reports	<input type="checkbox"/>
• Tenancy application form	<input type="checkbox"/>
• Copy of Bond Authority receipt of bond refund	<input type="checkbox"/>
• Copy of tenant rental ledger	<input type="checkbox"/>
• Copy of any notices issued to the tenant	<input type="checkbox"/>
• Copy of tribunal/court ruling	<input type="checkbox"/>
• Copy of the new Lease (to confirm re-lease date)	<input type="checkbox"/>

### Rent Loss details

Full name of tenant/s (Surname, Company, Partnership)	
Given name/s	<input type="text"/>
Contact person in company	<input type="text"/>
Tenant's forwarding address	<input type="text"/>
Street number/name	<input type="text"/>
Town/suburb	Postcode <input type="text"/>
Tenant's Driver's Licence or Passport number	
Driver's Licence number	State <input type="text"/>
Passport number	Country of issue <input type="text"/>

What was the amount of bond held?	\$	
What was the weekly rent?	\$	
What notices were issued to the tenant?		
What date did the tenant move in?	/	/
What date did the tenant vacate the property?	/	/
What was the total amount of Rent Loss?	\$	
Date rent paid to	/	/
Date property was re-leased	/	/
Have you received the bond money?	Yes <input type="checkbox"/> * No <input type="checkbox"/>	

\*Attach a copy of the Bond Authority receipt for the bond refund

**Summary of Rent Loss and Legal Expenses**

**Rent Loss:**

Rent loss for period	/ /	to	/ /	\$
Bond amount				\$

Less: Allowable re-leasing expenses

General cleaning	\$
Steam cleaning carpets	\$
Advertising	\$
Re-leasing fees	\$
Other – give details	
	\$
	\$
	\$
<i>Total re-leasing expenses</i>	\$

\$	→	\$	
\$		\$	→
		\$	

*Balance of bond monies*

**Rent Loss claim amount**

Note: Cleaning and allowable re-leasing expenses are to be absorbed by the bond monies and any remaining monies are to be deducted from the rent loss, subject to limits applicable. Standard maintenance costs are not considered as allowable re-leasing expenses.

**Legal Expenses**

<b>Legal Expenses claim amount</b>	\$
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Legal expenses are those which you incur when you have to apply to a court for remedial action against a tenant. These expenses can only be claimed with our prior written approval for the purpose of minimising a claim under this policy.

**Malicious Damage or Theft**

Details of loss or damage	Estimated value
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Claimed</b>	<b>\$</b>

Who caused the loss or damage?

Who discovered the loss or damage and when?

Name

Date  /  /  Time  am/pm

Which police station was the loss or damage reported?

Police officer's name  Police report number

Note: Malicious Damage or Theft claims must be reported to the Police.

Did all the property lost or damaged belong to you? Yes  No  give details

Name of owner

Details of the property which did not belong to you

  

**Witnesses:** Were there any witnesses to the Event? Yes  No  (If yes, please complete the following)

Name

Address: Street number/name

Town/suburb  Postcode

Where was the Witness?

Name

Address: Street number/name

Town/suburb  Postcode

Where was the Witness?

**Security:** Give details of any extra precautions or security improvements taken since the loss

  

Give details of any other action taken to recover or reduce your loss

  

**Third Parties:** Do you know who was responsible for the damage? Yes  No

Name  Phone No.

Address

Postcode

Other details

(eg. registration no.)

**Other Insurance:** Is there any other Insurance on the property? Yes  No

Name of Insurer

Policy details

### History

Have you had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years? Yes  No

Have you ever been convicted of or had any fines or penalties imposed for any criminal offence? Yes  No

Have you suffered a loss or made a claim on a property related insurance policy in the last 5 years? Yes  No

If yes to any history questions please give details

**Privacy:** The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims.

We disclose personal information to third parties who we believe are necessary to assist us and them in providing the relevant services and products. For example, in handling claims, we may have to disclose your personal and other information to third parties such

as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for which we supplied it.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Monday-Friday and advise us of the changes.

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**IDR Statement:** Disputes are not an everyday occurrence at Allianz. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

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**Privacy Declaration:** I/We acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval.

I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured

Date