Attention Claims Department

RE:-	POLICY STRATA PLAN CLAIM NUMBER	
	RISK ADDRESS	



there is no Body	v Corporate bank acco	ta property consists of unt or Common Seal th t made out to The Own	at exists. As this is	the case	
		t claim concerning dan that occurred on the _	0		
Please have the	-	• this claim endorsed ar			
Unit					
Alternately the	funds can be paid by E	EFT into the account lis	ted below		
Account Name					
BSB					
Account Numb	er				
Ref to show on	statement				
Email for remi	ttance				
I am registered	for GST YE	ES NO			
Australian Busin	ness Number (ABN) _				
To what extent	are you entitled to clai	im input tax credit ?	%		
	yment can be made t ent or Contractor dir	o the Unit Owner ON ect.	LY. It cannot be ma	ade to a	
Signature of Ow	mer unit	Date			
		Printed Name of the above			
Witness Signatu	Ire	Date			
Printed name of	fWitness	Relationship to the Strata			
South Wales / ACT rthcliff Street ons Point 2061 iox 507 Milsons Pt 1565 ie: 1300 361 263 1300 361 269	Victoria / Tasmania Level 4, 628 Bourke Street Melbourne Vic 3000 GPO 4323 Melb VIC 3001 Phone: 03 8695 4000 Fax: 03 9620 1969	Queensland Level 13, King George Central 145 Ann Street Brisbane QLD 4000 GPO Box 9972 Brisbane 4000 Phone: 07 3135 7900	Western Australia Level 15, QBE House 200 St Georges Terrace Perth 6000 Phone: 08 9466 8600 Fax: 08 9466 8601	South Austr Ground Floo 208 Greenh Eastwood 5 Phone: 08 8 Fax: 08 839	
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