



Landlords Residential Property Claim Form

Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.

Return with supporting documents to;

**Bestmark Insurance Brokers
PO Box 717
Redbank Plains Qld 4301
Ph (07) 3814 2484
Fax (07) 3814 3339
Email – insure@bestmark.com.au**

Landlords Residential Property Claim Report

for Loss, Theft, Fire, Glass, Impact and Other Damage Claims

Applicant Details

1. Policy no. (from your schedule) : : : : : : : : : :

Expiry Date ___/___/___

2. Name of insured Telephone no.
 ()

Real Estate Agent Telephone no.
 ()

Postal address Postcode

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. / /	
2. / /	
3. / /	
4. / /	
5. / /	
6. / /	

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.

Insurance company

Policy Number

3. All theft and tenant deliberate damage must be reported to the police for a claim to be made.

Name of station

Date

Police report no.

4. Name and address of any 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 agreement has not been agreed and signed, is the tenant occupying the premises under a Periodic Tenancy Agreement?

No Yes

3. Has the tenant given you or your agent notice of intention to vacate?

No Yes

4. Have notices to vacate been issued to the tenant?

No Yes

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 = **A**
 Less bond **B**

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

		Your available input Tax credit	Net expenses 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"/>	\$ <input type="text"/>
Total Expenses			\$ <input type="text"/>

Net Bond to be deducted from settlement *B less C* **D**
 (Any expenses in excess of Bond are not claimable)

Claim Total *A less D* **E**

IMPORTANT: The following must be attached for rent default claims

Tick the box after enclosing each document to ensure we receive all required information

- | | | |
|----------|--|--------------------------|
| a | Documents to establish loss, e.g. receipts, invoices, quotes | <input type="checkbox"/> |
| b | Residential Lease/Rental agreement, current at the time of the loss | <input type="checkbox"/> |
| c | Tenancy application form | <input type="checkbox"/> |
| d | Commencement and Termination/ Entry and Exit inspection reports | <input type="checkbox"/> |
| e | Documentation to support refund from rental bond board | <input type="checkbox"/> |
| f | Copies of the relevant invoices for amounts deducted from bond | <input type="checkbox"/> |
| g | Copy of the tenant rent ledger/ rent payment records | <input type="checkbox"/> |
| h | Copies of notices to tenant if applicable (eg Notice to Remedy Breach etc) | <input type="checkbox"/> |
| i | Copy of new lease if re-let | <input type="checkbox"/> |
| j | Action taken to re-rent premises (advertising evidence etc) | <input type="checkbox"/> |

When Submitting the claim form please ensure all amounts are substantiated in writing from the repairer or supplier on there letterhead.

All other claims

**All damage claims must be supported with two quotes.
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 item 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 price \$	Input tax credit you can claim on the purchase of these items as a % of the total GST payable	Amount claimed \$
	/			
	/			
	/			
	/			
	/			
	/			
	/			

2. Who caused the loss or damage?

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Name and address of witness(es) if any

Who discovered the loss or damage, and when?

Name	Time	Date
		/ /
		/ /
		/ /

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 of loss
	\$	/ /
	\$	/ /

5. Has any insurer refused or cancelled cover or required special terms to insure you?

No Yes Please provide details

