

INSURANCE CLAIM REQUEST FORM

Claim details

Lot No..... Owners Corporation PS NO 335005W

Owner Name.....

Property Address.....

Policy Number **93208117**

Broker Contact 

Level 1, 390 St. Kilda Road, Melbourne VIC 3004, Telephone: (03) 9862-6515 | Fax: (03) 9867-6771

| Website: www.pscinsurance.com.au

Managing Agent.....

Phone: Email:

Date of Loss / Damage..... Amount of Claim \$.....

PRIVATE LOT CLAIM ☐

COMMON PROPERTY CLAIM ☐

Details of Loss or Damage (Provide Professional Reports or Statement of Loss)

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Contact Details for Access if required

Name:..... Phones:.....

Required documentation to accompany claim form

Paid Invoices ☐

Professional Reports ☐

Police Report ☐

IMPORTANT – Claims will not be lodged until all required documentation has been provided

- All claims are subject to acceptance by the Insurer
- Owner/Agent must provide copies of all **paid** invoices, professional reports and police reports
- Owner is responsible for payment of Insurance Excess and GST portion of invoices
- Settlement cheques will be less **GST & and Excess applicable under the Policy**
- Common property claim – OC pay the Excess
- Private property claim – Private lot owner pays the Excess

I declare the above is a true and accurate account.

Signed.....**Date**.....