



296 Railway Parade, Carlton NSW 2218
PO Box 265, Hurstville BC NSW 1481
Tel: (02) 8567 6430 Fax (02) 9588 4644
Email: claims@stratais.com.au

ACN 167 214 182
ABN 14 167 214 182
AFS Licence 457333

Claim Form

Insured Details

Insured:

Policy Number:

Excess:

Address of Risk

Building Name (if applicable):

Unit Number:

Street:

Suburb:

Post Code:

Contacts

Insurance Brokers Details

Company: Strata Insurance Services

Primary Contact: Claims Manager

Telephone No: (02) 8567 6430

Email: claims@stratais.com.au

Postal Address: 296 Railway Parade, CARLTON NSW 2218

Strata Manager Details

Company:

Primary Contact:

Position:

Telephone No:

Fax No:

Email:

Postal Address:

Onsite Contact Details

Name:

Unit Number:

Phone:

Mobile:

Email:

1. Is the insured registered for GST? Yes No.
2. To what extent is the insured entitled to claim input tax credits?
3. If yes to question 1, please specify your ABN:

Claim Details

Date of Loss:

Estimated value of Loss:

Further claims: **Yes** **No.**

Describe the circumstances of how the loss occurred and the damage:

Description of claim:

Cause of damage:

Police Report

Was a report made to the police? **Yes** **No.**

(you must report any loss, theft or vandalism of the property to the police)

Police Event number:

Additional Information

Please provide any additional information relevant to the claim and attached any supporting documentation to this claim form.

Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

Signed:

Date:

Payment Details:

The preferred method of payment for settlement of claims is by Electronic Funds Transfer.

Account Name

BSB

Account Number:

Email remittance to: claims@stratais.com.au