Landlord Claim Form



Please ensure you complete this form with as much detail as possible:

1. Agent Details					
Agent name	Agent phone number				
Agent email					
2. Landlord Details					
Landlord name		Email			
Phone number		Policy number (if known)			
Are you GST registered?	Yes No	Do you have an ABN?	Yes No		
If yes, please provide ABN number					
3. Loss Details					
Did the tenant cause the damage	Yes 1	No Date of loss			
Please provide tenants details		VO Date of 1000			
Name Phone number					
Email		ID			
If tenant is not at fault, you do not need to supply tenant details					
Address where loss or damage occurred					
Please tick loss type that applies to this claim					
Fire or explosion	Pet damage	Water damage	Theft		
Accidental damage	Storm or rainwater	Impact	Electric motor burnout		
Malicious/deliberate damage	Has the damage been reported t	to the police? Yes	No Police report no.		
Please provide full details of loss					
4. Tenancy Information					
Lease start date	Lease end da	nte Tenant r	nove out date		
Has the tenant given notice	Yes No	If yes, date notice given			
Have notices been given by the agent to the tenant to vacate? Yes No					
If yes, date notice given					
(Holiday homes/short-stay accommodation) booked date of next guest arrival					
Weekly rental amount		Date rent has been paid to			
Bond amount		Has the bond been exhaust	ed? Yes No		

If yes, please list all bond expenses a	nd damages					
5. Documentation To Be Provided For Loss Of Rent / Rent Default Claims						
RENT DEFAULT DOCUMENTATION		LOSS OF RENT DOCUMENTATION				
Copy of tenant rental ledger Copies of lease agreement for defaulting tenant & new tenant (if applicable) Copies of all breaches of condition notices		 Copies of all invoices and quotes Copy of tenancy application Executed warrant (if applicable) Copies of invoices & quotes for all bond expenses & damages 				
Item being claimed	Month/year of purchase	Original purchase amount	Quote to replace			
Please include the following when submitting your claim						
Photos of damaged items Condition report (ingoing & outgoing)		» Original invoices & receipts of claimed items» Invoices & quotes for repairs				
6. Electronic Funds Transfer	Details					
Name of financial institution						
Account name						
BSB		Account number	r			
7. 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. I/we agree that, by submitting this form, the personal information I/we provide to PSC Network Insurance Partners. in this form or otherwise may be collected, held, used and disclosed in the manner set out in the PSC Privacy Policy found at www.pscconnect.com.au/privacy, including for processing this claim.						
Name						
Signature		Г	Date			