

Landlord Claim Form

IMPORTANT

We act upon your claim as soon as we receive this form. You can help us in the assessment of your claim, if you:

1. Complete this form in full. Supply all appropriate information/documentation and sign and date the declaration. Failure to fully complete the claim form and provide all supporting documents as indicated may result in a delay in processing your claim.
2. Do not repair or replace any damaged items unless you are authorised to do so, or it is necessary to prevent further loss or damage occurring.
3. Do not admit any liability for any third party loss, damage or personal injury.
4. If this claim form does not provide enough space, please use a separate piece of paper and attach as supplementary information.

INSURED DETAILS

Insured Name			
Insured Property Address			
Contact Name			
Email Address		Phone	
Are you registered for GST purposes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If YES, Please provide your ABN			
Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your monthly or quarterly Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If YES, what % of the GST did you claim / are entitled to claim?			%

NOTE

Insurers cannot settle your claim without the above information and, if you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser.

Following claim acceptance by your Insurer, please advise payment details

Bank		Account Name	
BSB		Account Number	

Type of Loss (Please select applicable)

<input type="checkbox"/> FIRE	<input type="checkbox"/> WATER/STORM	<input type="checkbox"/> THEFT	<input type="checkbox"/> MALICIOUS
<input type="checkbox"/> ACCIDENTAL	<input type="checkbox"/> LOSS OF RENT	<input type="checkbox"/> LEGAL LIABILITY	<input type="checkbox"/> OTHER

Please provide a description of loss or damage:

ADDITIONAL INFORMATION/CHECKLIST

For all Loss of Rent claims – Please tick to confirm attachment;

<input type="checkbox"/> Bond deduction Invoices/Quotes	<input type="checkbox"/> Copy of the Tenancy Agreement that shows names and dates
<input type="checkbox"/> Tenant Rental History Printout	<input type="checkbox"/> Copy of Breach or Termination Notices
<input type="checkbox"/> Copy of Bond Lodgement Form	<input type="checkbox"/> Copy of court documents (If Applicable), copy of other legal dates, rent, bond details etc.

For all Damage claims – Please tick to confirm attachment;

<input type="checkbox"/> Initial Property Condition Report	<input type="checkbox"/> Original Tax Invoices for damage repairs
<input type="checkbox"/> Bond Final Inspection Report	<input type="checkbox"/> Quotes for Damage
<input type="checkbox"/> Copy of the Police Report (Malicious Damage and Theft by the tenant claims only)	

If any items are missing provide the reason and state when you will be able to provide them;

BOND DEDUCTIONS (Please Note – Claimable Damage should be detailed in part 1 and 2 below)

NOTE: Clean Up and Allowable costs that exceed the bond are not claimable and all claims are subject to policy limits

Clean Up and Other Allowable Costs (please list)

PLEASE NOTE: Detailed Original Tax Invoices MUST be provided

	\$			
	\$			
	\$			
	\$			
Total Costs/Expenses	\$			
Are Legal Expenses being claimed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, how much?	\$

SECTION 1 & 2 – DAMAGE CLAIMS

Date of Damage		
Was the damage reported to the Police?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Date reported		Police Report No.
Will the Claim exceed the \$100 Excess?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Please detail the Repair Costs		
	\$	
	\$	
	\$	

SECTION 1 & 2 – DAMAGE CLAIMS CONTINUED

	\$
	\$
	\$

SECTION 3 – LOSS OF RENT CLAIMS

Names on Tenancy Agreement					
Dates on Tenancy Agreement	From		To		
Weekly Rent	\$	Bond		\$	
Date problem detected			Date Tenant Vacated		
Date Rent Paid (Excluding Bond)					
Total Rent Loss	\$	From		To	
Claimed Rent Loss	\$	From		To	
Is there a new tenant				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, date new tenant commenced					

It is a requirement of the policy that the bond be equivalent to at least 4 weeks rental value. If the bond does not meet this requirement provide details as to why:

DECLARATION

I/We declare that to the best of my/our knowledge and belief the information in this form is true and correct and I/We have not withheld any relevant information.
 I/We consent to Claims Services using any information I/We have provided on this form for the purpose of processing my/our claim. I/We understand that if I/We choose not to provide the required details that claims department may not be able to process my/our claim.

Signature		Date	
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PLEASE FORWARD YOUR COMPLETED CLAIM FORM TO:

Marsh Pty Ltd. PO Box H176, Australia Square NSW 1215
 Alternatively please fax or email FAO National Landlords team at:
 02 8824 1690 or landlords@marsh.com

MARSH COLLECTION STATEMENT

In accordance with the Privacy Act 1988 (Cth) (and subsequent amendments) ('the Privacy Act'), we, Marsh Pty Ltd and our Associated Entities (as that term is defined in the Corporations Act 2001 (Cth)) ('Marsh') draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Marsh products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984 (Cth), the Marine Insurance Act 1909 (Cth) or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Marsh's Associated Entities, which are all businesses of Marsh & McLennan group of companies ('MMC').
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other MMC companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. By completing this form you confirm that you have read the Marsh Privacy Policy available on our website (www.marsh.com.au) and you authorise and consent to Marsh collecting, holding, using and disclosing any personal information collected by means of the enclosed document in accordance with the terms of the Marsh Privacy Policy, including for the purposes explained in this collection statement above. If there are any inconsistencies between the terms of this collection statement and the terms of the Marsh Privacy Policy, the terms of the Marsh Privacy Policy prevail to the extent of that inconsistency. You may modify or withdraw your consent at any time. If you do not give us consent or subsequently modify or withdraw your consent, we may not be able to provide you with the products or services you want.
- You can contact our Privacy Officer by:
Email – privacy.australia@marsh.com
Phone – (02) 8864 7688
Post – PO Box H176, Australia Square NSW 1215

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Advantage Insurance Pty Ltd (ABN 31 081 358 303, AFSL 238 369) ('MAI'). MAI are not the insurer.

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