



**Richardson Strata  
Management Services**

138 Burswood Road  
Burswood WA 6100

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Frontingnac Pty Ltd  
Members of SCA (WA )  
ABN: 83 793 814 049

## INSURANCE CLAIM FORM

To ensure prompt attention to your claim, please supply information below. When completed, please return this form to our office together with any supporting documentation relevant to the claim, ie: quotations/invoices etc.

### The insured

Name:	Policy Number:
Address	Postcode
Phone: Work 08 94721833	Fax: 08 9355299
C/O Richardson Strata Management – 138 Burswood Road, Burswood, WA 6100	

### Particulars of loss

What happened? ( Brief explanation)

Date of loss:

Was the property owned by you? Yes  No  If not, by whom?

Was the loss reported to Police? Yes  No

(The Police must be notified when property is lost, stolen or maliciously damaged)

Police Station	Officer's Name	Date reported
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Is there any other insurance on the property? If so, please provide details of the Insurer(s) and the policy number(s)

### Third Party

If your property was stolen or damaged, do you know who was responsible? Yes  No

If yes, please provide details;

### Plumbing repairs

If your plumber has not already done so, please ensure the following information is provided on the account/invoice.

- i Nature and cause of leak
- ii Composition of pipe (ie: Gal, Copper, PVC etc)
- iii Procedures undertaken

- iv Details of charges including hourly rate, number of persons on the job (if more than one in attendance, please explain the necessity for additional person), and details of costs associated with
- a Search and find
  - b Plumbing repair
  - c Reinstatement

**Electrical damage (fusion)**

Nature and cause of damage (brief explanation)

What does the motor operate

Horse power/kilowatt rating

Date of purchase

Age of appliance/motor

Is it under manufacturer's warranty?

**List of articles lost, stolen or damaged**

Please complete this section of the claim form to describe lost, stolen or damaged article and state the amount which is being claimed under the Policy.

Description of property or article lost/stolen, damaged, or destroyed.	Date of purchase	Original purchase price	Replacement purchase price	Amount being claimed

If there is not enough space on this form, please attach a separate sheet and include the above information for each article.

**General**

- 1. Is the insured registered for GST? Yes  No
- 2. To what extent is the insured entitled to claim input tax credits?  %

Please write the Australian Business Number (ABN) here

**Declaration**

I hereby declare the answers to all the questions on this claim form and the description of the property lost or damaged are true and correct and that I have not concealed anything of which the Underwriter should be aware.

Signed

Dated

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