# Landlords Claim Form



If there is insufficient space on this form for your answers, please attach a separate sheet(s), indicating the Section and Question you are answering/providing additional information for.

# Your Privacy

The Privacy Act 1988 (Cth) requires iCorp Insure Pty Ltd to make the following disclosure before collecting personal information about you after 21 December 2001:

- iCorp Insure Pty Ltd collects personal information in order to provide it's various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- If the personal information iCorp Insure Pty Ltd requests from you is not provided, iCorp Insure Pty Ltd or any involved third party may not be able to provide the appropriate services.
- iCorp Insure Pty Ltd discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs iCorp Insure Pty Ltd may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, it's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process. By signing this form and continuing to deal with us, you confirm on your behalf and/or on behalf of those you represent consent to iCorp Insure Pty Ltd and these parties collecting, using and disclosing personal and sensitive information about you.
- iCorp Insure Pty Ltd has a duty to maintain the confidentiality of it's client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of your personal information is with your consent or required by law.
- iCorp Insure Pty Ltd may make use of your personal information to provide you with information about it's products and services.

Further details on the iCorp Insure Pty Ltd are on our website: www.icorpinsure.com.au

# Contact Us

Simply contact the iCorp Insure Pty Ltd Privacy Officer on the details below if you would like to:

- Access the personal information iCorp Insure Pty Ltd hold about you
- Update or correct the information iCorp Insure Pty Ltd holds about you
- Discuss your privacy concerns
- Be removed from the mailing list to receive information about iCorp Insure Pty Ltd products and services

# **Privacy Officer**

Email: service@icorpinsure.com.au Telephone: 08 8238 0111

# **Claim Number**

Name of insured				
Contact Person				
Home Phone	Work Phone		Mobile	
Email		Occupation		
		occupation		
Postal Address				Postcode
Broker/Agent name			Pho	oneNo
Policy number			Exc	ess \$
Inception date	Expiry date			
Interested parties Is the property being	g claimed for under Finar	ncial Agreement?	Yes	No
Name of Financier			Contrac	t No
<b>GST</b> Are you registered for GST purposes?	Yes No	ABN		
To what extent are you entitled to claim an In	put Tax Credit or GST fo	r this policy?	%	
Managing Agent details				
Name of managing agent				
Contact person name				
Telephone number	Email			
Documentation required			Attached	
Documents to establish loss (eg. receipts, ir	ivoices, quotes, etc)			
Residential lease, current at time of loss				
Commencement and termination inspectio	n reports			
Tenancy application form				
Copy of Bond Authority receipt of bond refu	Ind			
Copy of tenant rental ledger				
Copy of any notices issued to the tenant				
Copy of tribunal / court ruling				
Copy of the new Lease (to confirm re-lease	date)			

iCorp Insure AFS Authorised Representative No. 1295524 is a Corporate Authorised Representative of Guardian Insurance Brokers Pty Ltd ABN 16 070 398 195 AFS Licence No. 239120

# **Rent Loss details**

## Full name of tenant/s (Surname, Company, Partnership)

Given name/s

Contact person in company

Tenant's forwarding address

Street number/name/suburb

#### Tenant's Driver's Licence or Passport number

Driver's Licence No	State	State		Passport No		Count	Country of issue		
What was the amount of bond held?	\$			What was t	he weekly rent?		\$		
What notices were issued to the tenant?									
What date did the tenant move in?		/	/	What date	did the tenant vacate	the property?	,	/	/
What was the total amount of Rent Loss?	\$			Date rent p	paidto		/	/	/
Date property was re-leased		/	/	Have you r	eceived the bond mo	oney?	Yes*		No

\*Attach a copy of the Bond Authority receipt for the bond refund

Postcode

# **Summary of Rent Loss and Legal Expenses**

Rent Loss								
Rent loss for period	/	/	to	/	/		\$	
Bond amount							\$	
Less: Allowable re-leasing expenses								
General cleaning	\$							
Steam cleaning carpets	\$							
Advertising	\$							
Re-leasing fees	\$							
Other – give details								
	\$							
	\$							
	\$							
Total re-leasing expenses	\$		$\rightarrow$	\$				
Balance of bond monies				\$		_	→ \$	
Rent Loss claim amount							\$	

Note: Cleaning and allowable re-leasing expenses are to be absorbed by the bond monies and any remaining monies are to be deducted from the rent loss, subject to limits applicable. Standard maintenance costs are not considered as allowable re-leasing expenses.

#### Legal Expenses

#### Legal Expenses claim amount

Legal expenses are those which you incur when you have to apply to a court for remedial action against a tenant. These expenses can only be claimed with our prior written approval for the purpose of minimising a claim under this policy.

\$

# **Damage or Theft**

Details of loss or damage Estimated value \$ \$ \$ \$ \$ \$ \$ \$ \$ Total Claimed \$ Who caused the loss or damage? Who discovered the loss or damage and when? Name Date / / Time am/pm Which police station was the loss or damage reported? Police officer's name Police report number Note: Malicious Damage or Theft claims must be reported to the Police. Did all the property lost or damaged belong to you? Yes No (give details) Name of owner Details of the property which did not belong to you Witnesses Were there any witnesses to the Event? Yes No (If yes, please complete the following) Name Street number/name/suburb Town/suburb Postcode Where was the Witness? Name Street number/name/suburb Town/suburb Postcode

Where was the Witness?

### Security

Give details of any extra precautions or security improvements taken since the loss

Give details of any other action taken to recover or reduce your loss

Third Parties	Do you know w	vho was responsible for the	damage?	Yes	No	
Name					Phone No.	
Street number/na	ame/suburb					
Town/suburb						Postcode
Other details (eg.	registration no.)					
Other Insuranc	e Is there an	y other Insurance on the pro	operty?	Yes	No	
Name of Insurer						
Policy details						
History						

Have you had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years?	Yes	No
Have you ever been convicted of or had any fines or penalties imposed for any criminal offence?	Yes	No
Have you suffered a loss or made a claim on a property related insurance policy in the last 5 years?	Yes	No

If yes to any history questions please give details

#### **Privacy**

The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims.

We disclose personal information to third parties who we believe are necessary to assist us and them in providing the relevant services and products. For example, in handling claims, we may have to disclose your personal and other information to third

#### **IDR Statement**

Disputes are not an everyday occurrence at Allianz. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

#### **Privacy Declaration**

I/We acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for which we supplied it.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Monday-Friday and advise us of the changes.

If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.