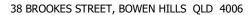
Direct Insurance Brokers Pty Ltd





STRATA CLAIM FORM

(If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete).

YOUR PRIVACY

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

- We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
- If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
- We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.

By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above.

Further information about how to access the personal information we hold about, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website: www.directinsurance.com.au

Contact Us

You can contact our Privacy Officer using the details below:

Privacy Office Matthew Dawson

Address: 38, Brookes Street Bowen Hills 4006
E-mail: matt@directinsurance.com.au

Telephone: 07 3866 5444

1.	Policy Details			L				
•	Full Name(s) of Body Corporate or Strata Plan:		Address of Insured:					
					Postcode			
			Telephone Numbers:					
				Business Hours ()				
				Hours	()			
	Insurer: Policy No:		Expiry Date:					
				/ 20				
2	. General Details of Loss	/ Damage						
	Where did event occur?							
	Date of Event / / 20		Approximate time of loss / damageam/pm					
	Amount Claimed (as shown on Schedule on next page of this form)	\$						
Is any Third Party to blame for loss or damage? Full Name: Current Address and Contact Details: Make, Model and Reg No. of the Vehicle: Owner's Address, if different:								

Claim Number:

Have you received, or do you anticipate receiving notice of any claim from	Yes No (If yes, please give details)					
or on behalf of Third Parties?						
Give details of all	Name	Address				
witnesses, if any:						
		Postcode				
		Postcode				
W (1 D II (15)		Postcode				
Were the Police notified		Yes No (If yes, please give details)				
(Please refer to the policy's Claims	(i) Date of Report:					
Procedures)	(ii) Name of Police Station:					
	(iii) Event Number:					
Have you taken any	☐ Yes	☐ No (If yes, please give details)				
action to recover or reduce your loss?						
(If claim is lodged, only the Insurer can seek						
recovery from the	,					
responsible party. Refer to the policy's Claims Procedures)						
REQUIRED INFORMAT						
in and the second secon	1011					
3. ABN Details	. ABN Details					
Is the Body Corporate o	rate or Strata Plan registered for GST?					
What is the ABN?						
ABN No:	ABN No:					
What percentage of GST loss occurred?						
% (All of the						

5. Declaration

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.				
I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Direct Insurance Brokers Pty Ltd in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".				
Full name of claimant(s) (please use block letters)				
Signature(s)				
		Date: / 20		
		Date: / 20		

BANK DETAILS

Body Corporate/Strata Plan Nominated Bank Account Details	
Account Holder Name	
BSB	
Account Number	

(2)

(3) PLEASE COMPLETE FOR **FUSION OR MACHINERY BREAKDOWN** DAMAGE:-

Machine / Appliance	Maker	Date of Purchase	H.P. of Motor	Name of Repairer Invoice/Quote Attached	Cost of Rep	airs
					\$	
					\$	
					\$	
					\$	
					\$	
TOTAL REPAIRS (Note: To Avoid delay, attach claimable)	lote: To Avoid delay, attach invoice giving the separate items of costs as certain items may not be			n items may not be	\$	
AMOUNT CLAIMED					\$	

(4) PLEASE COMPLETE FOR **LIABILITY** CLAIMS:-

Details of injury or damage to third parties:-					
a)	Name:				
b)	Address:				
D)	Addices.				
c)	Occupation:				
d)	Nature and extent of injuries/damage:				
,					
e)	Has the third party any relationship to you (eg. relative, employee)?				
f)	Have you received any	correspondence from third parties? If so, please enclose them with this form.			
g)	Have you made any adr	mission of liability?			