

Direct Insurance Brokers Pty Ltd

38 BROOKES STREET, BOWEN HILLS QLD 4006



## STRATA CLAIM FORM

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*(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](http://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

Claim Number:

**1. Policy Details**

<b>Full Name(s) of Body Corporate or Strata Plan:</b> ..... ..... ..... .....	<b>Address of Insured:</b> ..... .....Postcode .....  <b>Telephone Numbers:</b> <b>Business Hours</b> (.....) ..... <b>After Hours</b> (.....) .....	
<b>Insurer:</b> .....	<b>Policy No:</b> .....	<b>Expiry Date:</b> ...../...../20.....

**2. General Details of Loss / Damage**

<b>Where did event occur?</b>	.....	
<b>Date of Event</b>	..... / ..... / 20.....	<b>Approximate time of loss / damage</b> ..... am/pm
<b>Details of what occurred resulting in the damage or loss:</b>	..... ..... .....	
<b>Amount Claimed (as shown on Schedule on next page of this form)</b>	\$ .....	
<b>Is any Third Party to blame for loss or damage?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please give details)</i> <b>Full Name:</b> .....  <b>Current Address and Contact Details:</b> .....  <b>Make, Model and Reg No. of the Vehicle:</b> .....  <b>Owner's Address, if different:</b> .....	



**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**

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

- (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 Repairs	
					\$	
					\$	
					\$	
					\$	
					\$	
<b>TOTAL REPAIRS</b> (Note: To Avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable)					\$	
<b>AMOUNT CLAIMED</b>					\$	

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

Details of injury or damage to third parties:-

a) Name: .....

b) Address: .....  
.....  
.....

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 admission of liability?  
.....  
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