

**landlords claim form
tenants default & malicious damage only**



Wesfarmers General Insurance Limited, ABN 24 000 036 279, trading as Lumley Insurance, Lumley House Level 9, 309 Kent Street, Sydney 2000 Ph: (02) 9248 1111

1. Client Details

Insured/Landlord's name Claim number

Policy number Due date (dd/mm/yyyy)

Agents name

Postal address Postcode

Phone number Fax number

Property managers name

Insured property address Postcode

Tenants name

Tenants new address (if known) Postcode

Please supply full statement of the circumstances of the loss

2. Goods and Services Tax (G.S.T.)

To ensure you do not incur any unnecessary GDT liabilities on this claim please advise your

ABN, if applicable

Any entitlement you have to an input tax credit
 %

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291	Phone (02) 9248 1111 Phone (02) 4925 7500	Fax (02) 9248 1122 Fax (02) 4940 0295
VIC	Level 3, 99 King Street, Melbourne 3000	Phone (03) 8627 4333	Fax (03) 8627 4312
ACT	Level 4, 10 Rudd Street, Canberra City 2601	Phone (02) 6279 0333	Fax (02) 6279 0330
TAS	Level 1, 27 Paterson Street, Launceston 7250	Phone (03) 6345 4700	Fax (03) 6345 4711
SA	465 Pulteney Street, Adelaide 5000	Phone (08) 8228 1700	Fax (08) 8228 1775
WA	Level 9, 50 St George's Terrace, Perth 6000	Phone (08) 9220 8222	Fax (08) 9220 8251
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101	Phone (07) 3307 4800	Fax (07) 3307 4899
	Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 4722 6000	Fax (07) 4724 4398
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800	Phone (08) 8946 4600	Fax (08) 8228 1775

Lumley Insurance is a trading name of Wesfarmers General Insurance Limited

3. Claim Details

Date to which rent is paid in full (excluding bond) (dd/mm/yyyy)

Date tenant vacated the property (dd/mm/yyyy)

Period of loss

Weeks

Days

Is there a new tenant?

Yes No

Date retenanted (dd/mm/yyyy)

Did malicious damage or theft occur?

Yes No

If **Yes**, please phone Lumley Insurance immediately

Age of floor coverings (if damaged)

4. Bond Dispersal

Total amount of bond

\$

Please specify all bond and uninsured costs such as cleaning, maintenance, excess water, advertising, reletting fees, accidental damage, etc.

Balance of bond remaining after deducting any costs (if any)

\$

Please specify any claim for malicious or intentional damage

Total rent loss (do not deduct from bond)

\$

Calculated from (dd/mm/yyyy)

To (dd/mm/yyyy)

at (per week)

Total amount of claim

\$

Please attach the following supporting documentation (Please ensure such documentation is legible)

- Copies of all invoices and/or quotes
- Copy of Tenancy Agreement
- Copy of Application for Tenancy
- Copies of all notices to vacate property by either party
- Copies of all Breach of Condition notices
- Copies of all legal documents (including Bond Release and any Court orders and application)
- Substantiation of rental payments for at least 3 months prior to loss
- Copies of initial and final Property Condition report

Please make payment direct to

4. Complaints - Internal and External Complaints Procedure

If You do not agree with any decision We make in relation to Your insurance, please write to Us stating what You disagree with and why.

We will then either resolve or attempt to resolve Your complaint immediately or refer the matter to Our Internal Dispute Resolution Committee (IDRC)

If You are not satisfied with a claim decision by the IDRC, the matter may be referred to an **independent** alternate dispute resolution body, Financial Ombudsman Service (FOS), provided it falls within their jurisdiction.

Financial Ombudsman Service

Freecall 1300 78 08 08

Post: GPO BOX 3, Melbourne Victoria 3001

Website: www.fos.org.au

Email: info@fos.org.au

5. Privacy

Lumley Insurance respects Your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of our Privacy Policy is available at any of our offices or online at www.lumley.com.au

I/We declare that the above is a true statement of the facts and matters relating to this claim.

Signature

Date (dd/mm/yyyy)

The issue of this claim form is not an admission of liability.