



Strata Claim Form

Please send the completed claim form to insurethatstrata@au.sedgwick.com

If you have any questions or would prefer to lodge the claim direct over the phone, please call 1300 763 687

Insured Details

Name of Insured: _____ Strata Plan Number: _____

Property Address: _____
Street Address

Suburb _____ State _____ Post Code _____

Policy Number: _____ Insured's ABN: _____

Registered for GST? YES NO Percentage of GST claimable (ITC)? _____

Property Details

Lot/Unit Number: _____ Street Address: _____

Suburb: _____ State: _____ Post Code: _____

Is the premises currently tenanted? YES NO

Was the premises tenanted at the time of loss/damage? YES NO

Property Manager Name: _____ Phone Number: _____

Damage Details

Date of Loss: _____

Please detail what has been damaged and how the damage has occurred.

Additional Details

Is anyone responsible for the damage? YES NO

If yes, please provide details of the responsible party:

Name: _____ Phone: _____

Address: _____

Any other details: _____

Was the damage reported to the police? YES NO

Date Reported: _____ Station reported to: _____

Police Report Number: _____

Declaration

I/we declare that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld.

Name: _____

Signature: _____ Date: _____