



Arcadia
Underwriting Agency



Landlord Claim Form

If you wish to submit a claim for a loss, theft or damage property please complete this form. Please ensure you complete all below fields as this will assist us to process your claim in a timely manner. Not all sections may be applicable to your claim, please fill out those that are.

Policy Number:

Policy Expiry Date:

1. Policy Holder Details

Mr Mrs Miss Ms

Given Name (s)

Surname

Street Address

Suburb State Postcode

If your postal address is the same as your street address please tick the box

☐

Postal Address

State Postcode

Email

Do you wish to only be contacted by email Yes No

Mobile Number

Phone Number

Company Name (if applicable)

ABN (if applicable)

2. Disclosure

Arcadia relies on the information you provide us with, therefore please ensure when completing this form that you are honest and accurate and tell us anything that you or a reasonable person in your circumstance would be expected to know. It is important that you understand that you are answering for yourself and anyone else to whom these questions apply to. If you fail in your duty of disclosure we reserve the right to reduce or deny any claim you make or cancel your policy. If you fraudulently keep information from us or deliberately make false statements, we may void your contract and treat your insurance as if it never existed. Do you understand your duty of disclosure?

☐ Yes ☐ No

3. Policy Address (where the damage or loss has occurred)

If the Policy Address is the same as above please tick 'Yes', if 'No' please provide details below

Yes No

Unit/Street Number

Street Name

Suburb

State

Postcode

4. Registered GST

Are you registered for GST purpose? Yes No

If yes, please state your ABN:

Have you claimed or intend to claim an input tax credit on the GST applicable to this policy? Yes No

Is the amount claimed or intend to be claimed less than 100% of the GST applicable to the premium? Yes No

Please specify the percentage amount claimed or intended to be claimed

 %

5. Real Estate Agent Details

Real Estate Agent:

Property Manager's Name:

Email:

Mobile:

Postal Address:

Suburb

State

Postcode

6. Tenancy Details

Tenant Given Name:

Surname:

Email:

Mobile:

Tenant(s) Given Name:

Surname:

Email:

Mobile:

Forwarding Contact Address:

Suburb

State

Postcode

7. Incident Details

Please provide the following details of the loss, theft or damaged incident?

Date:

Time:

am/pm

Please tick the Insured Event(s) in which the incident occurred under?

Fire and Explosion

Malicious damage

Theft

Impact

Accidental glass breakage

Lightning

Riot, civil commotion or industrial unrest

Bursting, leaking, discharge or overflow of water or liquids

Storm, rainwater and flood

Accidental damage

Please provide a detailed description of what has occurred?

Was the tenant responsible for the loss or damage? Yes No

If no, please provide the below details of the person who was responsible, if known

Name:

Mobile:

If the loss, theft or deliberate damage has occurred as a result of the tenant you must report this to the Police.

Name of Police Station incident was reported to:

Name of Police Officer:

Police report number:

Date reported:

Name:

Mobile:

Name:

Mobile:

13. Supportive Documentation

To ensure unnecessary delays in the processing of your claim, please provide any documentation that will assist your claim; example list below (but not exhaustive)

- Copy of the Lease Agreement (defaulted tenant)
- Tenancy application with ID attached
- Documentation to support refund from the rental bond board
- Copy of the tenant rent ledger
- Copy of Lease Agreement for new tenant (if applicable)
- Copy of invoices for amounts deducted from the bond
- Date the tenant vacated the premises on company letter
- Rental increase letters sent to the tenant
- Copies of notices to leave/arrears letters issued to the tenant – including breach notices, termination notices, court applications, orders issued against the tenant.
- Executed warrant if applicable
- Photos (pre and post incident, if possible)
- Replacement quotes, Original receipts, Certificate of Valuation, Certificate from an authorised repairer that the item is unrepairable.

Please attach all supportive documentation to the claim form and send to Arcadia. Please see the last page for postal and email details.

14. Claims History

In the last 5 years has any person listed on the Certificate of Insurance, made a claim and/or suffered any incidents.

| Yes | No | If yes, please provide the following details | | |
|----------------------|----------------------|--|----------------------|--|
| Date of Loss | What has occurred? | Amount \$ | Name of the Insurer? | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

Has any insurer declined to insure you, declined renewal or required agreement to special conditions being noted?

| Yes | No | If yes, please provide the following details | |
|----------------------|----------------------|--|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

15. Authority for Agent to Act

If you request for a third party (who is not listed on the Policy) to act on your behalf in lodging this claim, please provide your authorisation and their details below. Once authorisation has been given, the third party will be the point of contact throughout the entire claim investigation process.

I
hereby authorise for
to act on my behalf in all matters involving this claim with Arcadia.

Third Party's name:

Postal Address

State

Postcode

Email

Mobile Number

Policy Holder's Signature

Date

16. Disclaimer

Arcadia will endeavour to respond to claims as quickly as possible, however the timeframe in determining the outcome of a claim can vary due to obtaining information and other contributing factors.

Arcadia is bound by the Australian Privacy Principles (APPs) under the Privacy Act 1998 (Cth) and comply with the Privacy Act 1988 (Cth). Arcadia is committed to ensuring that all our business dealings comply with APPs and acknowledge the importance of keeping personal details for individuals confidential and secure. Arcadia collect personal information for the purpose of providing insurance, including arranging insurance, policy administration and claims handling.

17. Declaration

I declare that I have completed this form having a clear understanding of my duty of disclosure. I have upheld my duty by providing accurate and honest information.

By submitting this form, I/we understand all information provided will be protected under the Australian Privacy Principles of the Privacy Act 1998 (Cth).

Signature of the Insured, agent to act on behalf of the Insured/Company.

Name: (please print)

Signature:

Date:

Please complete all necessary fields, once complete please send to

Post: Level 3, 342 Flinders Street, MELBOURNE VIC 3000

Email: claims@arcadiaunderwriting.com.au

Phone: The option of lodging a claim over the phone is available please call 1300 CALL AUA (225528) and follow the prompts for claims.