

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 Numb	er:			Do you wish to only be con	tacted by email	Yes	No	
				Mobile Number				
Policy Expiry	Date:			Phone Number				
				Company Name (if applicat	ole)			
1. Policy Hole	der Details							
Mr	Mrs	Miss	Ms	ABN (if applicable)				
Given Name (s)								
				2. Disclosure				
Surname				Arcadia relies on the inform	ation vou provide us wit	th. therefore plea	se	
				ensure when completing th	is form that you are hon	est and accurate	e and	
Street Address				tell us anything that you or a be expected to know. It is in				
				answering for yourself and	•	•		
				you fail in your duty of discl		,	, ,	
Suburb	State	Postcode		claim you make or cancel y from us or deliberately mak				
				and treat your insurance as				
If your postal add	ress is the same as yo	ur street address		of disclosure?		Yes	No	
please tick the bo	•	ar street address		2 Policy Address (- la		
Postal Address				3. Policy Address (what is the Policy Address is the second of the Policy Address is the second of the Policy Address is the second of the Policy Address (what is the		s nas occurred)		
				tick 'Yes', if 'No' please pro		Yes	No	
State		Postcode		Unit/Street Number	Street Name	Э		
		·						
Email				Suburb S	tate	Postcode		

4. Registered GST				7. Incident Details				
Are you registered for GST purpose? Yes No			Please provide the following details of the loss, theft or damaged incident?					
If yes, please state your ABN:				Date:	Time:			
						am/pm		
Have you claimed or integeredit on the GST applica		Yes	No	Please tick the Insured Eventi				
	intend to be claimed less oplicable to the premium?		Fire and Explosion Malicious damage Theft Impact					
Please specify the percer	ntage amount claimed or	intended to be c	claimed	Accidental glass breakag	ge Lightning			
			%	Riot, civil commotion or		king, discharge or		
5. Real Estate Age	nt Details		industrial unrest overflow of water or liquids Storm, rainwater and flood Accidental damage					
Real Estate Agent:				Please provide a detailed description of what has occurred?				
Property Manager's Nam	e:							
Email:								
Mobile:								
Postal Address:								
Suburb	State	Postcode		Was the tenant responsible for	or the loss or damage?	Yes No		
				If no, please provide the below	-	o was responsible,		
				if known	·	, ,		
6. Tenancy Details				Name:				
Tenant Given Name:								
				Mobile:				
Surname:								
				If the least theeft on delile and to	da			
Email:				If the loss, theft or deliberate you must report this to the Po		resuit of the tenant		
				Name of Police Station incide	ent was reported to:			
Mobile:								
				Name of Police Officer:				
Tenant(s) Given Name:				. tanto or i onoo omoor.				
(-,					-			
Surname:				Police report number:	Date reported:			
Email:				Name:				
LITICII.								
Mahila				Mobile:				
Mobile:								
Forwarding Contact Addi	ress:			Name:				
January Gorman Plants								
Suburb	State	Postcode		Mobile:				
		1				1		

8. Rent Default						Dollar Va	lue	Your ava			xpenses
Date tenant moved in:	Date tenant moved	l out:						input tax	credit		deducted Bond
				Gen	eral Cleaning	\$		\$		\$	
Expiry date of lease:	Did the tenant prov	vide notice? Yes	No	Adv	ertising	\$		\$		\$	
Have eviction notice(s) been issued to	the Tenant?	Yes	No	Re-l	etting fee	\$		\$		\$	
If yes, was the notice provided by; a F		100	140	Othe	ar.	\$		\$		\$	
or a Court Order	Date:				51	1				1	
Date rent was paid up to (Excluding b	ond):					\$		\$		\$	
						\$		\$		\$	
Rent (weekly/daily): \$	Bond Held \$:					\$	(\$		\$	
				Tota	l Expenses					\$	С
Has the Bond been claimed?		Yes	No	Net	Bond to be de	educted from	Settlem	ent (B less C	\$	D
If no why not				Clair	m Total			,	A less D	\$	E
					Descriptio						•
					all other claims ng your Loss, S						
							Details where				
Has the property been re-leased?	Yes - please p	rovide date	:				item w	as			
				Item				d or Mont sed, recei		Purchase Price	Amount Claimed
	No - please pr	ovide reasc	n for	No.	Item Des	scription	if knov	vn purcl	hased	\$	\$
	why not?			1	Outdoor Living 4	! piece Fumiture	Bunnin	gs 01/1	1/2012	5,000.00	5,000.00
9. Policy Holder Disclosure (please tick the app	propriate b	ox)								
Fraud and Dishonesty Disclosure:											
Has anyone to be named insured eve refused or declined for fraud or dishor		Yes	No							Total	
Bankruptcy, Part 9 Debt Agreemen	t and				<u> </u>						
Judgement Disclosures: In the last 5 years, has anyone to be r	named insured	Vaa	No	12.	Repairable	e and Owi	ng Mo	ney			
been declared bankrupt, or entered in debt agreement whether voluntary or		Yes	No	ls th	e property re	pairable? Ye				cadia to a	appoint a
other default judgement registered ag						N		repairer/s please at		otes	
Criminal Convictions:		\/	NI-	-	ur property is I	•	•	•	_		
In the last 5 years, has anyone to be r had any criminal convictions?	named insured	Yes	No		te for reploace is unrepairabl		rtificatior	n from an	authoris	ed repaire	er that the
10. Rent Default Calculation	e			-	ou owe monamaged?	ey on the pro	operty l	ost, stole	n	Yes	No
Please complete the following table to		f Loss Claim	n Total.		amageu : s, please provi	ide the below	details				
Please state the loss of rent period:		Total Loss		Lend	der's name:				Approx	. Amount	Owning \$
Date From: Date To:	ot Markin Day	ф									
	at Weekly Rent	Φ	A	Add	ress:				Postco	de:	
	less Bond	\$	В								

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	e the follow	ing details	
Date of Loss		What has occurred	?	Amount \$	Name of the Insurer?
-		ned to insure you, de		val or requi	ired
Yes	No	conditions being note If yes, please provide		ing details	

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.

Joint of Contact time	agnost the chine dain investigation process.
nereby 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 $% \left\{ 1,2,\ldots ,n\right\}$

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.