



ST. GEORGE UNDERWRITING AGENCY

AFS Licence No. 236663

75 North Lake Road Myaree WA 6154

P.O. BOX 3016 MYAREE WA 6154

TEL (08) 9317 8400 FAX (08) 9317 8499

email: admin@sgua.com.au

Landlord's Claim Form

Please use for Tenants' Default & Deliberate Tenant Damage ONLY

CLAIM No. _____

Policy No. _____ Expiry Date: _____

Property Manager's Company Name _____

Postal Address _____

Telephone No. _____ Fax No. _____

Property Manager's Name _____

Landlord's Name _____

Place of Happening _____ Postcode _____

Tenant's Name _____

Tenant's New Address (if known) _____ Postcode _____

Please supply full statement of the circumstances of the loss _____

Date to which rent is paid in full (excluding Bond) ____ / ____ / ____

Date tenant vacated property ____ / ____ / ____

Period of Loss _____ weeks _____ days

Is there a new tenant **YES / NO** Date retenanted? ____ / ____ / ____

Did malicious, deliberate or intentional damage or theft occur? **YES / NO**

If **'YES'**, please phone St. George Underwriting Agency immediately.

Age of floor coverings (if damaged) _____ years.

Total amount of bond \$ _____

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

Please complete reverse side ...

Balance of Bond remaining after deducting costs (if any) \$ _____

Please specify any claim for malicious, deliberate or intentional damage _____

Total Rent Loss (do not deduct from Bond) \$ _____

Calculated from ____ / ____ / ____ to ____ / ____ / ____ at \$ _____ per week.

Total amount of Claim \$ _____

GST (please complete this section. If you believe this does not apply to you, please write n/a for each answer)

My/Our input tax credit entitlement for GST on my/our premium is _____%.

My/Our ABN is: _____ Note: If you are a business and you do not provide us with your ABN, we may have to withhold tax on payments we make under your claim.

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

1. Copies of all invoices and/or quotes
2. Copy of Tenancy Agreement
3. Copy of Application for Tenancy
4. Copies of all notice to vacate property by either party
5. Copies of all Breach of Condition notices
6. Copies of all legal documents
7. Substantiation of rental payments for at least 3 months prior to loss
8. Copies of the final Property Condition Report and the initial Property Condition Report if intentional damage being claimed.

Please make payment directly to _____

The *Privacy Act* 1988 requires us to tell you that as an agent for an insurer we collect your personal and other information in order to calculate your loss entitlements; determine our liability; compile data; and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, investigators, agents etc. or as required by law. You have the right to seek access to your personal information and correct it at any time. To change information please contact us on (08) 9317 8400 WST 8.30am - 5.00pm, Mon-Fri and advise us of the changes. If you do not agree to the collection of your personal information then we will be unable to process your claim. Should you wish to obtain more information about Allianz's privacy policies, please contact us and ask for a copy of the brochure called '*National Privacy Principles*'

Declaration:

- * I/We acknowledge that the answers and information on this form are true and correct.
- * I/We acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of my/our personal and sensitive information so that St George Underwriting Agency, as agents for Allianz Australia Insurance Ltd will be able to process my/our claim.

Signature of Insured(s) _____ Date ____/____/____

The issue of this Form is not an admission of liability and is issued without prejudice.