INSURANCE SERVICES

— CLAIM FORM

Landlord Claim Form

M & M Insurance Services
(03) 9078 6473
info@mminsure.com.au
www.mminsure.com.au

Please ensure you complete this form with as much detail as possible.

01 Agent Details

Agent name _____ Agent phone number _____

Agent email _____

02 Landlord Details

Landlord name _____ Email _____

Phone number _____ Policy number (if known) _____

Are you GST registered? ☐ Yes ☐ No Do you have an ABN? ☐ Yes ☐ No

If yes, please provide ABN number _____

03 Loss Details

Did the tenant cause the damage? ☐ Yes ☐ No Date of loss _____

Please provide tenant's details

Name _____ Phone number _____

Email _____ ID _____

If tenant is not at fault, you do not need to supply tenant details.

Address where loss or damage occurred _____

Please tick loss type that applies to this claim

- ☐ Fire or explosion
- ☐ Water damage
- ☐ Accidental damage
- ☐ Impact
- ☐ Malicious/deliberate damage
- ☐ Pet damage
- ☐ Theft
- ☐ Storm or rainwater
- ☐ Electric motor burnout

Has the damage been reported to the police? ☐ Yes ☐ No Police report no.

Please provide full details of loss

04 Tenancy Information

Lease start date Lease end date Tenant move out date

Has the tenant given notice? ☐ Yes ☐ No If yes, date notice given

Have notices been given by the agent to the tenant to vacate? ☐ Yes ☐ No

If yes, date notice given

(Holiday homes/short-stay accommodation) booked date of next guest arrival

Weekly rental amount Date rent has been paid to

Bond amount Has the bond been exhausted? ☐ Yes ☐ No

If yes, please list all bond expenses and damages

05 Documentation To Be Provided For Loss Of Rent / Rent Default Claims

RENT DEFAULT DOCUMENTATION

LOSS OF RENT DOCUMENTATION

- Copy of tenant rental ledger
- Copies of lease agreement for defaulting tenant & new tenant (if applicable)
- Copies of all breaches of condition notices
- Copies of all invoices and quotes
- Copy of tenancy application
- Executed warrant (if applicable)
- Copies of invoices & quotes for all bond expenses & damages

ITEM BEING CLAIMED	MONTH/YEAR OF PURCHASE	ORIGINAL PURCHASE AMOUNT	QUOTE TO REPLACE

Please include the following when submitting your claim

- Photos of damaged items
- Condition report (ingoing & outgoing)
- Original invoices & receipts of claimed items
- Invoices & quotes for repairs

06 Electronic Funds Transfer Details

Name of financial institution

Account name

BSB

Account number

07 Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I/we agree that, by submitting this form, the personal information I/we provide to M & M Insurance Services Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the PSC Privacy Policy found at www.pscconnect.com.au/privacy, including for processing this claim.

Signature

Date

Full name

Title / position

Submit claim form

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