

Landlord Claim Form



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

| 1. Agent Details | | | | | | | | | | |
|--|-----------------------------|---------------------------|---|---------------------------|--------------|---------------------------|---------------------------|--------------------------|-----------------------|------------------------|
| Agent name | | | Agent phone number | | | | | | | |
| Agent email | | | | | | | | | | |
| 2. Landlord Details | | | | | | | | | | |
| Landlord name | | | Email | | | | | | | |
| Phone number | | | Policy number (if known) | | | | | | | |
| Are you GST registered? | | <input type="radio"/> Yes | <input type="radio"/> No | Do you have an ABN? | | | <input type="radio"/> Yes | <input type="radio"/> No | | |
| | | | If yes, please provide ABN number | | | | | | | |
| 3. Loss Details | | | | | | | | | | |
| Did the tenant cause the damage | | | <input type="radio"/> Yes | <input type="radio"/> No | Date of loss | | | | | |
| Please provide tenants 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 | | | | | | | | | | |
| <input type="radio"/> | Fire or explosion | | <input type="radio"/> | Pet damage | | <input type="radio"/> | Water damage | | <input type="radio"/> | Theft |
| <input type="radio"/> | Accidental damage | | <input type="radio"/> | Storm or rainwater | | <input type="radio"/> | Impact | | <input type="radio"/> | Electric motor burnout |
| <input type="radio"/> | Malicious/deliberate damage | | Has the damage been reported to the police? | | | <input type="radio"/> Yes | <input type="radio"/> No | Police report no. | | |
| Please provide full details of loss | | | | | | | | | | |
| | | | | | | | | | | |
| 4. Tenancy Information | | | | | | | | | | |
| Lease start date | | | Lease end date | | | Tenant move out date | | | | |
| Has the tenant given notice | | <input type="radio"/> Yes | <input type="radio"/> No | If yes, date notice given | | | | | | |
| Have notices been given by the agent to the tenant to vacate? | | | | | | | <input type="radio"/> Yes | <input type="radio"/> 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? | | | <input type="radio"/> Yes | <input type="radio"/> No | | | |

If yes, please list all bond expenses and damages

5. Documentation To Be Provided For Loss Of Rent / Rent Default Claims

| RENT DEFAULT DOCUMENTATION | LOSS OF RENT DOCUMENTATION |
|---|---|
| <ul style="list-style-type: none"> » Copy of tenant rental ledger » Copies of lease agreement for defaulting tenant & new tenant (if applicable) » Copies of all breaches of condition notices | <ul style="list-style-type: none"> » 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

| | |
|--|--|
| <ul style="list-style-type: none"> » Photos of damaged items » Condition report (ingoing & outgoing) | <ul style="list-style-type: none"> » Original invoices & receipts of claimed items » Invoices & quotes for repairs |
|--|--|

6. Electronic Funds Transfer Details

| | | | |
|-------------------------------|--|----------------|--|
| Name of financial institution | | | |
| Account name | | | |
| BSB | | Account number | |

7. 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 . 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.

| | | | |
|-----------|--|------|--|
| Name | | | |
| Signature | | Date | |