Landlord Claim Form

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

1. Agent Details

Insurance Broker		PSC Office	
Agent name		Agent phone number	
Agent email			

2. 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		

3. Loss Details

Did the tenant cause the damage	◯ Yes	◯ 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					
☐ Fire or explosion	☐ Pet damage		☐ Water damage		☐ Theft
☐ Accidental damage	☐ Storm or rainwater		☐ Impact		☐ Electric motor burnout
☐ Malicious/deliberate damage	Has the damage been reported to the police?	◯ Yes	◯ 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	◯ 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

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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
» 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

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 PSC Insurance Brokers (Aust) Pty Ltd in this form or otherwise may by collected, held, used and disclosed in the manner set out in the PSC Privacy Policy found at http://www.pscinsurance.com.au/privacy including for processing this claim.

Name			
Signature		Date	

Please complete the claim form by hand and email this claim directly back to your broker.
Your completed claim form will be sent to our Claims Team and you will be contacted within one business day.