

## PROPERTY INVESTOR'S EXTRA PROTECTION CLAIM FORM

Please use for Tenant's Default & Deliberate Tenant Damage ONLY

Claim No. \_\_\_\_\_

Policy No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Property Manager's Company Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Property Manager Name: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_

Tenant's New Address: \_\_\_\_\_  
(if known)

Please supply full statement of the circumstances for the loss:

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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 re-tenanted?: \_\_\_\_\_

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

*If YES, please phone us 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.

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Balance of Bond remaining after deduction 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 of 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 conditions
7. Substantiation of rental payments for least 3 months prior to loss
8. Copies of final Property Condition Report and the initial Property Condition Report if intentional damage being claimed.

The *Privacy Act* 1988 requires us to tell you that as an agent for the 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, agent etc. or as required by law. You have the right to seek access to your personal information and correct it any time. To change information please contact us on (08) 9344 6650 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

Signature of Insured (s) \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_