

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?		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			

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
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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 Connect 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.

Name			
Signature		Date	