



DENNIS FOSTER Insurance Brokers

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Strata Claim Form

Contact Name _____ Contact Number _____ Email _____
Relationship to Property: Chairperson Strata Manager Lot Owner Other _____

Insured _____ Policy Number _____

Risk Address _____

Is the building registered for GST: **No** **Yes** ABN No: _____ Input Tax Credit % _____

Date of Loss _____ Date Loss Reported _____ Estimated Cost \$ _____

Circumstances of the claim: _____

Property

Details of Property Damaged/Lost	Date Purchased	Original Price	Replacement Price	Amount Claimed

If Theft, Impact or Malicious damage has a report been made to the police? **No** **Yes**
Police Event Number: _____ Police Station: _____
Details for the Third Party or any Witnesses: _____

Personal Injury

Name of Injured _____ Age _____ Contact Details _____
Address _____
Cause of Injury _____
Nature of Injury _____
Witness Details _____
Was medical assistance required? **No** **Yes** Details: _____
Do you consider yourself liable? **No** **Yes** Details: _____

