

# Millennium



c/o MGA Insurance Brokers  
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## LANDLORDS PROPERTY PROTECTION POLICY CLAIM FORM

### GENERAL INSURANCE

MILLENNIUM UNDERWRITING AGENCIES PTY LTD  
ABN 38 079 194 095  
AUSTRALIAN FINANCIAL SERVICES LICENCE NO. 246721  
Underwriters at:  
Lloyds Kiln Property / KLN510

**POLICY No:**

To allow us to settle your claim as quickly as possible please ensure that the following documentation is attached to this claim form.

- |   |   |
|---|---|
| 1. LEASE AGREEMENT                            | 4. BOND REFUND CONFIRMATION                   |
| 2. TENANTS RENTAL HISTORY                     | 5. NOTICES OF DEFAULT (IF APPROPRIATE)        |
| 3. ALL RELETTING EXPENSES INVOICES / RECEIPTS | 6. NEW LEASE AGREEMENT WHEN PROPERTY IS RELET |
|   | 7. TENANT APPLICATION                         |

### RENT LOSS CLAIMS AND / OR MALICIOUS DAMAGE

<b>POLICY NUMBER</b>		<b>EXPIRY DATE</b>	/ /
<b>REAL ESTATE AGENT</b>		<b>ABN NUMBER</b>	
<b>LANDLORD'S NAME</b>			
<b>ADDRESS OF PROPERTY WHERE LOSS OR DAMAGE OCCURED</b>			

1. Name and forwarding address of tenant:	
2. When did the tenant move in? / /	3. When did the tenant vacate? / /
4. What was the bond on the property?	Weekly Rent:
5. What Notices had been issued to tenant?	
6. Has any claim been made to the Tribunal?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Has the bond money been received from the appropriate authorities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. What date was the property re-let? / /	

### CLAIM FORMULATION

Loss of rent for the period	to	\$
Bond	\$	\$
<b>Allowable reletting expenses from bond:</b>	the weekly rental	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**(NOTE: MAINTENANCE COSTS ARE NOT ALLOWABLE RE-LETTING EXPENSES)**

Total Expenses:	\$	
Balance left from bond (if any)	\$	Total rent claimed (subject to maximum 6 weeks or 15 weeks or 26 weeks) \$

### MALICIOUS DAMAGE

WHEN A CLAIM IS MADE FOR MALICIOUS DAMAGE, THE FOLLOWING INFORMATION IN ADDITION TO THE RENT LOSS CLAIM IS REQUIRED

1. What is the nature of the damage (brief description of areas requiring repair / replacement):
2. Police Report Number and what Police Station was this damage reported to:
3. Who was responsible for the loss?
4. Have you obtained repairs quotes?  YES  NO If "Yes" please attach the written quote.
5. If repairs have been completed, attach detailed invoice from a qualified repairer.
6. Have you made a claim on any other insurance policy for the loss or damage claimed here?  YES  NO If "Yes" provide police details and insurers name.

Please complete the reverse side of this form and read the important notices  
MILLENNIUM UNDERWRITING AGENCIES PTY LTD ABN 38 079 194 095

**PLEASE LIST BELOW DETAILS OF THE LOSS OR DAMAGE:**

1.
2.
3.
4.
5.
6.

*(Attach separate sheet if necessary).*

**A LOSS ADJUSTER MAY BE NEEDED!**

**IF THE PROPERTY REPAIRS THAT HAVE BEEN MALICIOUSLY DAMAGED EXCEED \$1000, YOU MUST ADVISE YOUR BROKER AS SOON AS THE DAMAGE HAS BEEN DISCOVERED.**

**THE CLAIM MAY NEED TO BE ASSESSED PROMPTLY. FAILURE TO DO SO MAY REDUCE YOUR CLAIM.**

**THEFT CLAIMS**

**IF YOUR CLAIM IS FOR THEFT ONLY, THIS SECTION SHOULD BE COMPLETED. TO SUBSTANTIATION A THEFT CLAIM A COPY OF ALL INSPECTION REPORTS AND/OR INVENTORY SHOULD BE ATTACHED.**

1. List below the item / items that have been stolen:	
a.	d.
b.	e.
c.	f.
2. Who do you believe is responsible for the theft?	
3. Have you attached a written replacement quotation form a supplier?	
4. When was the item / items discovered missing?	
5. What police station was the theft reported to, and what was the police report?	
6. If the theft was due to the break-in, how did they enter the property? <i>(Copy of any damage repair to be attached to substantiate the break-in.)</i>	

**ACCIDENTAL DAMAGE (CONTENTS SECTION ONLY APPLIES)**

THIS SECTION APPLIES TO CLAIMS FOR ACCIDENTAL DAMAGE TO THE CONTENTS OF THE PROPERTY INSURED.	
1. What is the cause of the accidental damage:	
2. Is the detailed quote for repair / replacement attached? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Who is responsible for the loss?	
Date of loss?                                  /                  /	

**DECLARATION AND AUTHORISATION**

- The information and answers given above are true in every detail. No information has been withheld.
- I understand that the claim may be refused if information is withheld or false, misleading, untrue or concealed.
- I authorise that Millennium Underwriting Agencies Pty Ltd give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

**PLEASE PRINT**

Signature of Insured

Date  /  /

**PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.**

<b>OFFICE USE ONLY</b> Underwriters Notes:
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