

# LANDLORD RENT DEFAULT ONLY CLAIM FORM

GENERAL INSURANCE BROKERS OF AUSTRALIA

## Claimant Details

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Name of Insured(s)

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Situation Address

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Telephone No.

Mobile No.

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Email

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Insurer

Policy No

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Are you register for GST?

No  Yes

If Yes

(1) What is your Australian Business Number (ABN)?

(2) Are you entitled to any Input Tax Credit (ITC) if you repair or replace the property damaged?

No  Yes

If "yes", what is your percentage entitlement?

%

(3) What was your 'Entitlement to an Input Tax Credit' (EITC%) on your premium payment for this policy?

%

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Additional Details:

(use this area to add any additional details that could not fit in the space provided above or any other relevant information you may wish to provide)

## Real Estate Agent Details

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Real Estate Agency:

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Property Manager Name:

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Telephone No.: Mobile No.:

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Email

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## Address or Premises where loss or damage occurred

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Unit / Street No.

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Street

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Suburb / City State

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## Tenancy Information

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Has the term set out in the original lease to the tenant expired? [ ] Yes [ ] No

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If a new lease has not been agreed and signed, is the tenant occupying the premises under a Periodic Tenancy Agreement? [ ] Yes [ ] No

If Yes; attach details of any agreement whether written or verbal.

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Has the tenant given you or your agent notice of intention to vacate? [ ] Yes [ ] No

If Yes; attach documentation with claim

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Have notices to vacate been issued to the tenant? [ ] Yes [ ] No

If Yes; attach documentation with claim

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Has a claim been lodged with the Tribunal? [ ] Yes [ ] No

If Yes; attach documentation with claim

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Name and address of tenant or forwarding address if known and/or drivers licence, passport details

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What date did the tenant move into the premises?

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What date did the tenant vacate/or return the keys?

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What date did the tenant pay their rent to?

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Bond on premises                      \$                      Weekly rent                      \$

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Has the Bond been claimed?

Yes  No

If No; why not?

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Have the premises been re-let?

Yes  No

If Yes; the Residential Tenancy Agreement must be attached.

If No; why not?

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### Rent Default Claim Details Required

(Your Managing Agent would be the best person to assist with the following)

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Loss of rent for period:	From	/	/	To	/	/
= * weeks @ weekly rent of	\$					
= Total rent lost, amounting to	\$			(A)		
Less; Bond =	\$			(B)		

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Deduct from Bond the following re-letting & other noted expenses:

Particulars	Expense	Your available input tax credit	Net expenses to be deducted from Bond
General cleaning	\$	\$	\$
Advertising	\$	\$	\$
Re-letting fee	\$	\$	\$
Other (please specify)	\$	\$	\$
<b>Total Expenses</b>			<b>\$ (C)</b>

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Net Bond to be deducted from settlement (B less C) = \$ (D)

\*\* (Any expenses in excess of Bond are not claimable)

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Claim total (A less D) = \$ (E)

(Note: Maintenance costs are not allowable re-letting expenses)

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IMPORTANT: It is reaffirmed that following must be attached for claims thank you:

- a. Documents to establish loss, e.g. receipts, invoices, quotes
- b. Residential lease, current at the time of the loss
- c. Commencement and termination inspection reports
- d. Tenancy application form
- e. Documentation to support refund from rental bond board
- f. Copy of the tenant rent ledger
- g. Copy of arrears letter, termination notice, tribunal application & order
- h. Copy of new lease
- i. Copies of relevant invoices for amounts deducted from bond
- j. Date the tenant vacated the premises on your letterhead if possible
- k. Copy of any rental increase letters sent to the tenant
- l. Copy of executed warrant (if applicable)

**\*\* Please Contact our office if you also wish to claim for damage by tenants \*\***

## Electronic Funds Transfer Information

For fast and efficient claims settlement, Insurers often use direct bank transfer where appropriate. Accordingly, please complete the following:

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Nominated Account Name

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BSB Number (Six Digits)

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Account Number

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Bank, Credit Union, Building Society Name

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Signed

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Dated

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