

### Your Details

Who are you?

Name	<input type="text"/>	Phone	<input type="text"/>
Email	<input type="text"/>	Relationship to Property	<input type="text"/>

### Building/Strata Plan Details

What are the details of the Building/Strata Plan No.?

Street	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Post Code	<input type="text"/>
Business Name/Strata Scheme No.	<input type="text"/>	Unit or Lot No.	<input type="text"/>
Policy Number	<input type="text"/>	Is the Strata Plan or Insured entity registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the ABN No.	<input type="text"/>	If yes, please list the Tax Input Credit (ITC) %	<input type="text"/>

### Tell us What Happened

Do you know when it happened?

Date	<input type="text"/>	Time of loss	<input type="text"/>
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Tell us what happened, how it happened and what (specifically) was damaged? What (if any) action have you taken to minimise further loss of damage? Any other important or relevant information? (Third party details / Police Report No. / Witness details etc.)

Is the premises currently occupied?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, by whom (tenant / owner occupier)?	<input type="text"/>
Have repairs been arranged?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, please list them here	<input type="text"/>
Do you hold any other insurances where a claim may be made?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, please list them here	<input type="text"/>

### Additional Contacts

Is there anyone else we should contact in regards to this claim i.e. such as strata manager, broker, building manager, tenant, managing agent etc

Name	Phone	Email	Relationship to Property
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Phone	Email	Relationship to Property
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Phone	Email	Relationship to Property
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Payment Information

If a payment is to be made, EFT is our preferred method; the account payee should be the Insured name listed on the policy.

Account Name	<input type="text"/>
Account Number	<input type="text"/>
BSB	<input type="text"/>

### Supporting Documentation

Please include any supporting documentation for the incident such as photos, quotes and invoices etc.

### Declaration

By submitting this claim form to Axis, I/We declare that to the best of my/our knowledge the information being sent is true and correct and I have not withheld any relevant information.

I consent to Axis using the personal information I have provided on this form for purposes of processing my claim and in accordance with the Axis Privacy Policy.

I understand that if I do not provide the required information, my claim may not be processed or delayed until we receive the required information.

Alternately if you prefer to email your claim form along with any supporting information, please send it to [claims@axisunderwriting.com.au](mailto:claims@axisunderwriting.com.au)