

## Property Insurance Claim Form

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On completion please immediately forward this Claim Form with all relevant documents to our office

### INSURED

Name of co-op		
Name of co-op contact/director	Number:	
	Email:	
Co-operative ABN		
Registered for GST	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ITC%	

### THE PROPERTY

Address where the incident occurred		
Name and contact details of resident (where incident occurred)	Name:	
	Phone:	Email:
CEHL property code		

### DAMAGE OR INCIDENT

Date and time the incident or damage occurred	
Describe how the incident or damage occurred	
Damage caused	
Was another person responsible for the damage to your property?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, name and address of person responsible	

Have the police been notified?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	When?
Which Police Station?			
Police Report No.	Attach copy of Police Report		
If something has been removed from the property (other than personal belongings) Please attach original purchase dockets, invoices or receipts.			
Description of property lost or destroyed (including brand names)	Original date of purchase	Where bought	Amount claimed

## DECLARATION

I hereby declare that the foregoing particulars are true and correct to the best of my knowledge and belief.

Co-op Director's Signature		DATE
Co-op Director's Name (printed)		

**PLEASE CHECK THAT THIS DOCUMENT HAS BEEN FULLY COMPLETED**

**Send the completed form and relevant documents to:**

[Insurance.claims@cehl.com.au](mailto:Insurance.claims@cehl.com.au)

**CEHL Asset Services will assist you with the next steps.**