

Caretaker's Insurable Incident Report Form

In the event of an insurable event for which work has been ordered by yourself, please complete a copy of this form and fax/post it to Cutting Edge Strata Management's offices.

(Fax: 9699 8772 - or post to: 18/849 South Dowling St, Waterloo 2017)

Important: If work will cost more than \$1000 in total an assessor MUST be appointed. Phone the insurer.

Tick Below	Incident Category
<input type="checkbox"/>	1. Water/liquid damage caused by burst, leaking or overflowing tanks or pipes
<input type="checkbox"/>	2. Other water/liquid damage
<input type="checkbox"/>	3. Breakage of or damage to glass or mirrors
<input type="checkbox"/>	4. Storm Damage
<input type="checkbox"/>	6. Fusion damage to electric motors
<input type="checkbox"/>	7. Malicious acts, vandalism, graffiti
<input type="checkbox"/>	8. Impact caused by road vehicles or animals
<input type="checkbox"/>	9. Burglary and/or theft and/or any attempt thereat

Note: Malicious damage/vandalism to glass/mirrors falls under category 7, NOT category 3. Glass broken during a break & enter falls under category 9.

If the incident falls into category 7 or 9 the incident MUST be reported to the police. If the person responsible is known or if there were any eye-witnesses, the police need to attend. Please call your local police station. If the event is relatively minor (damage less than \$100) you can phone the police on 131-4440 to report the incident and obtain a Police Event Number that will be needed for the processing of the claim.

Complete the details below:

➤ Strata Plan No: Lot/Common Property Area:

➤ Date of Incident:

➤ Where police notified? (Y/N): Police Event No:

Station: Officer:

➤ Is major work required? (Y/N): Has insurance company been notified? (Y/N)

➤ Detailed account of the incident (including details of who was responsible, if applicable):

➤ What rectification works are necessary, and who has been asked to do/quote on the work:

➤ Name: Sign: Date:

For Office Use - Claim No: _____ Date Submitted: _____
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