



**RentCover**

# Loss of Rent / Tenant Damage Claim Form

## When to use this claim form

This claim form should only be used if you have suffered a loss that has been caused by a tenant. This may include damage/theft to your property as well as loss of rent. Should you have a claim that has not been caused by the tenant (such as fire, storm, water damage etc.) you should use the “Insured Events (Non-Tenant) Claim Form”.

## Our Commitment to You

We are totally committed to providing a fair and prompt claim settlement service to you. As soon as we have the completed information before us, we will issue a Claims Advice to you within a matter of days and then arrange for the dispatch of the Insurer’s claim cheque **within 5 working days in most cases.**

Should you have a complaint about our service or claim settlement procedures, please notify us so that we can immediately address your concerns. In the first instance your complaint should be faxed to Sharon Fox-Slater (Claims Manager) on 1300 794 773 or emailed to [sharonfs@ebminsurance.com.au](mailto:sharonfs@ebminsurance.com.au)

**Thank you for taking the time to complete this form in detail. Please mail the original claim form and attachments to:**

**EBM Insurance Brokers**  
Claims Department  
4/651 Victoria Street  
ABBOTSFORD VIC 3067

**If you have any queries please contact our national claims centre on  
1800 661 662 or [claims@rentcover.com.au](mailto:claims@rentcover.com.au)**

## Section 1 - Policy and Contact Details

### Policy Details

Insured Property Address: .....

Landlord's Name:.....

Is the property owned by business or company? Yes  No  **If No go to Contact Details**

Business/Company Name:..... ABN:.....

Is the landlord registered for GST? Yes  No

Entitled/intend to claim an input tax credit on the GST component of the premium applicable to Policy:

Will you be claiming an amount less than 100% Yes  No  If yes specify amount claimed \_\_\_\_\_ %

Entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged:

Will you be claiming an amount less than 100% Yes  No  If yes specify amount claimed \_\_\_\_\_ %

### Contact Details

Person submitting claim: Agent  Landlord  Name of submitter: .....

Name of person submitting claim: .....

E-mail address: .....

Telephone: ..... Facsimile: .....

Managing Agent Name (if applicable): .....

Please advise the payee name to be shown on the cheque payment: .....

Please advise the address where correspondence and the claim payment cheque should be sent: .....

### What MUST be attached - Please Tick to Confirm Attachment

- |  |  |
|--|--|
| <input type="checkbox"/> Original Bond Deduction Invoices          | <input type="checkbox"/> Copy of Management Authority Agreement  |
| <input type="checkbox"/> Tenant Rental Ledger                      | <input type="checkbox"/> Copy of the Tenancy Application         |
| <input type="checkbox"/> Copy of Bond Lodgement or Bond Claim Form | <input type="checkbox"/> Copy of Breach and Termination Notices  |
| <input type="checkbox"/> Copy of the Tenancy Agreement             | <input type="checkbox"/> Copy of court documents (if applicable) |

### All Damage claims should ALSO include

- |   |   |
|---|---|
| <input type="checkbox"/> Initial Property Condition Report  | <input type="checkbox"/> All Periodic Inspection Reports  |
| <input type="checkbox"/> Bond Final Inspection Report   | <input type="checkbox"/> Original Tax Invoices for damage repairs   |
| <input type="checkbox"/> Two quotes for damage if exceeding \$500 (these must include a full break-up of costs) | <input type="checkbox"/> Copy of Police Report or Event Number (Malicious Damage and Theft by the Tenant claims only) |
| <input type="checkbox"/> Photos of Damage   |   |

If any items are missing provide the reason and state when you believe they will be available:

.....  
.....

### Statement of What Happened (if insufficient space, please attach details)

.....  
.....  
.....  
.....  
.....  
.....  
.....

# SECTION 2 - Loss of Rent

## Tenancy Details

Names on Tenancy Agreement: .....

Dates on Tenancy Agreement: ..... To ..... Weekly Rent: \$ .....

Bond: \$ ..... It is a requirement of the policy that the bond be equivalent to at least **4 weeks** rental value. If the bond does not meet this requirement provide details as to why: .....

## Rental Details

Date Rent Paid to (excluding Bond): ..... Date Tenant Vacated Property: .....

Claimed Rent Loss: \$..... From: ..... To .....

Is there a new Tenant? Yes  No  If Yes, date new tenant commenced:.....

If No, provide details as to why:.....

## Tenant Details (for debt recovery)

It is always hoped that tenants can be pursued in an attempt to recover claim settlement money, in the long term this can help to keep premiums to a minimum. Should you have any knowledge as to the current whereabouts of the tenant, their place of work, or any other information you believe may assist, please detail it below.

Tenant's forwarding address (if known):.....

Tenant's last known address:.....

Tenant's last known place of work:.....

Any additional information:.....

**IMPORTANT NOTE REGARDING DAMAGE**

1. We **DO NOT** authorise repairs. It is up to the insured to take all necessary steps to minimise a claim.
2. The following costs are **NOT CLAIMABLE** as damage but are costs which may be deducted from the bond:
  - Clean up (eg. Carpet cleaning, lawns and gardens, rubbish removal, accumulation of dirt and minor damage over the tenancy)
  - Re-letting fee or part thereof (where payable under a fixed term lease)
  - General repairs and tenant neglect

# SECTION 3 - Expenses Summary (must list all deductions)

## Bond Disbursements (clean up and other allowable costs under the bond)

**Note:** Clean up and allowable costs that exceed the bond are not claimable and all claims are subject to policy limits.

.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....

**Total Costs / Expenses** \$ .....

## Legal Expenses

Cost of Legal Expenses incurred (eg. Tribunal app fees, attendance etc) \$ .....

Cost of changing locks following a bailiff eviction \$ .....

## SECTION 4 - Damage and/or Theft by Tenant

Has Malicious Damage or Theft occurred which exceeds the excess of \$400 per claim? Yes  No

If Yes, approximate date Damage and/or Theft by the Tenant occurred: .....

Date Damage Reported to Police: ..... Police Report Number: .....

Has Accidental Damage occurred which exceeds the excess of \$400 each event? Yes  No

Repairs commenced within 7 days of the damage occurring? Yes  No  Number of days taken to repair the property: .....

If No, provide details as to why: .....

How long did it take to repair the property (In days)? .....

Repair Costs (please detail) ..... \$ .....  
..... \$ .....  
..... \$ .....  
..... \$ .....  
..... \$ .....  
..... \$ .....  
..... \$ .....  
..... \$ .....  
..... \$ .....

If the premises (or part of) are being re-carpeted and/or re-painted, we need to know when this occurred:

Date Last Carpeted: ..... Date Last Painted: .....

**Note:** Depreciation/Maintenance deductions on carpet and painting are generally deducted at the rate of 7.5% per year.

### BEFORE SIGNING BELOW

**Have you completed ALL SECTIONS of the claim form?  
We are unable to process claims where the claim form is incomplete**

### Declaration

I/we do hereby declare that to the best of my/our knowledge the foregoing answers are true and correct and I/we have in no manner caused the said loss or by any fraud or wilful misrepresentation sought unjustly to benefit by the said event and that the information detailed in the claim form above is a true and faithful account of the actual loss sustained excluding any profit or advantage.

No information likely to affect this claim has been withheld.

And I/we hereby undertake and agree to notify EBM immediately if any of the property mentioned in this claim is subsequently recovered, and at the option of EBM to return the property or to refund the amount of money received by way of compensation in respect thereof.

SIGNATURE: ..... Date: .....

SIGNED BY (print clearly): .....



RentCover

In dealing with or settling this claim we will be acting under an authority given to us by the Insurers QBE Insurance (Australia) Limited and therefore we will be dealing with or settling this matter as Agents of QBE and not as your agent.