



**strataPLACE**

INSURANCE CLAIM DETAILS			
Building Name:		Lot Number:	
Full Name of Owner:			
Details of person making Claim: (Unit owner of Property Manager)			
Name:			
Address:			
Phone Number:			
Email:			
Details of Incident:			
Date of Incident		Which Lot or area involved:	
Brief details of Incident:			
Description of Incident:			

Please note that if damage caused by Vandalism / Malicious Damage or Break and Enter then the Police need to be notified and the report details included in Description of Incident.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Please return completed form to: Email: [admin@strataplaceqld.com.au](mailto:admin@strataplaceqld.com.au)

Post: PO Box 525, Wynnum, Qld, 4178