**Owners Corporation Insurance Claim Request**

**OWNERS CORPORATION: PLAN NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOT NUMBER/S: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROPERTY ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME/S OF OWNER/S: (As appears on Title to property)**

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**TELEPHONE: BUSINESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BRIEF DESCRIPTION OF CLAIM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Please return via email to [property.admin@ldb.com.au](mailto:property.admin@ldb.com.au)

**A Claim Form for your completion relevant to your development will be provided upon receipt.**