Claim Form

Purchasers & Existing Owners

PLEASE SEND THE COMPLETED CLAIM FORM TO STEWART TITLE LIMITED

Mail **CLAIMS DEPARTMENT**
Stewart Title Limited
GPO Box 527
Sydney NSW 2001

OR

Phone 1300 552 975
Email Claims.Australia@stewart.com
Fax 1300 898 175

NOTE: Stewart Title Limited does not admit liability by the issue of this form. It is issued to enable the insured to lodge a written statement of claim.

YOUR PRIVACY

We are committed to handling your personal information in accordance with the Privacy Act.

For further details of our Privacy Policy please call our Privacy Officer on 1800 300 440 or visit our website www.stewartau.com.

PLEASE FILL IN ALL RELEVANT SECTIONS (PLEASE PRINT YOUR ANSWERS)

Name(s) of Insured

Property Insured

Local Council

Policy Number

Postal Address

Telephone - Private

Telephone - Business

Email of Contact

Preferred Contact Post ☐ Phone ☐ Email ☐

GST

Are you entitled to claim an Input Tax Credit on the GST applicable to this policy? ☐ Yes ☐ No

If yes, please provide your ABN and % of entitlement to an Input Tax Credit

ABN

% Entitlement to an ITC

SUMMARY OF FACTS

Set out a brief summary of the facts giving rise to your claim.

Please attach any documentation that is relevant to your claim. For example, Contract of Sale, relevant reports, Council orders or notices, certificates etc.

Stewart Title Limited may request any further information or documentation that we require in order to assess your claim.

VALUE OF LOSS

Value of loss (if known) $

Please attach any receipts or documents to establish evidence of the value of your loss.

DECLARATION AND AUTHORITY

I / We declare that that all particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld and that all conditions and stipulations of the policy have been complied with.

I / We acknowledge that any costs incurred prior to notifying Stewart Title Limited of the claim may not be reimbursable to me/us. Further, if I/we do anything which prejudices my/our rights under the policy, then my/our cover could be affected.

I / We hereby authorise our/my conveyancer/legal practitioner to disclose information and enter into correspondence with Stewart Title Limited and to provide all information that may be requested by Stewart Title Limited of GPO Box 527, Sydney NSW 2001, in relation to our title insurance claim.

I / We hereby authorise the Local Council Authority to disclose information and enter into correspondence with Stewart Title Limited and to provide all information that may be requested by Stewart Title Limited of GPO Box 527, Sydney NSW 2001, in relation to our title insurance claim.

I / We hereby claim from Stewart Title Limited in respect of the said loss.

SIGNATURE

DATE