

BCB Claims Fact Sheet #6b  
**MAJOR EVENT DAMAGE**  
**NOTIFICATION FORM**



<b>STRATA PLAN NAME (as it appears on your Policy Schedule):</b>		<b>CTS/SP/GTP/OC:</b>
<b>STRATA PLAN ADDRESS (as it appears on your Policy Schedule):</b>		
State: _____ Postcode: _____		
<b>GST REGISTERED:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>DOL:</b>	<b>INSURABLE EVENT:</b>
ITC: _____ %   ABN: _____	27 /03 /2017	TC DEBBIE
<b>CONTACT NAME AND DETAILS TO PROVIDE ACCESS FOR A LOSS ADJUSTER OR PANEL BUILDER TO INSPECT THE DAMAGE:</b>		
Name: _____ Ph: _____ Email: _____		
Mobile: _____ Title: <input type="checkbox"/> Building Manager <input type="checkbox"/> Owner <input type="checkbox"/> Letting Agent <input type="checkbox"/> Tenant <input type="checkbox"/> Other _____		
DAMAGE	DESCRIPTION	
<b>ROOF (Main Building Roof):</b>	<input type="checkbox"/> Unroofed <input type="checkbox"/> Partially Unroofed <input type="checkbox"/> Leaking	
• Roofing Material		
• Damage Description:		
• Action Taken:		
<b>INTERNAL WATER DAMAGE:</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES: Number of lots with damage _____ <input type="checkbox"/> Minor <input type="checkbox"/> Medium <input type="checkbox"/> Major	
• Damage Description:		
• Action Taken:		
<b>EXTERNAL BUILDING DAMAGE (Other than roof):</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES: <input type="checkbox"/> Minor <input type="checkbox"/> Medium <input type="checkbox"/> Major	
• Damage Description:		
• Action Taken:		
<b>GLASS BREAKAGE:</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES: Number of panes broken _____ <input type="checkbox"/> Minor <input type="checkbox"/> Medium <input type="checkbox"/> Major	
• Damage Description:		
• Action Taken:		
<b>EXTERNAL STRUCTURES:</b>	<input type="checkbox"/> Gate/s <input type="checkbox"/> Awnings <input type="checkbox"/> Shade Sails <input type="checkbox"/> Fences <input type="checkbox"/> Gazebo/s <input type="checkbox"/> Patio/s <input type="checkbox"/> Signage	
• Damage Description		
• Action Taken		
<b>MACHINERY:</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES: What does it operate?	
• Damage Description:		
• Action Taken		
<b>COMMON CONTENTS:</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES	
• Damage Description		
• Action Taken		
<b>IS THE PROPERTY HABITABLE?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIAL	
	More Information: _____	
<b>WILL LOSS OF RENT OR TEMPORARY ACCOMMODATION APPLY?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIAL	
	More Information: _____	
<b>(Refer BCB Claims Fact Sheet #6a)</b>		

NEW SOUTH WALES    QUEENSLAND    VICTORIA    WESTERN AUSTRALIA

**LEVEL OF URGENCY - SELF EVALUATION:**

With "1" being minor damage & "5" being severe damage. Please select **one only** which best describes the damage situation of the Strata Plan.

**Please Note: Your response will affect our actions, please consider others & whether you have correctly evaluated your level of urgency as resources will be limited:**

- 1 - Very Low to Low (minor):** Poses no threat or danger and will not worsen if left unrepaired – Carry out any maintenance required then carry out the claimable repairs. Submit invoices, Major Event Damage Notification Form and photos to substantiate the damage **at a later date.**
- 2 - Low to Medium:** Poses no threat or danger but may worsen if left unrepaired – Carry out any maintenance required then carry out minor repairs. Submit invoices, Major Event Damage Notification Form, and photos. Obtain quotes for the Medium damage repairs, submit with the claim and await instructions from the insurer.
- 3 - Medium:** May worsen if left unrepaired – Obtain quotes, submit Major Event Damage Notification Form & photos and wait for instructions from the Insurer.
- 4 - Medium to High:** No failure of utility services but immediate attention & loss adjuster required – submit photos of the damage to substantiate the severity with Major Damage Notification Form and onsite contact details. Obtain quotes if possible but do not delay lodging the claim as the Insurer may either engage a panel builder or provide further instructions.
- 5 - Severe:** Immediate attention, loss adjuster required – severe damage, occupants displaced and/or failure of utility service(s) – Submit photos of the damage to substantiate the severity, details of number of units unfit for occupation, description of the damage and what utility services may have failed, with Major Event Damage Notification Form and onsite contact details.

**Any other relevant information which may assist in evaluating the damage:**

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**SUBMITTED BY:** (PLEASE PRINT YOUR NAME & SIGN)

**FROM:**

**DATE:**

<p><b>BCB Office Use Only</b></p> <p>BCB Claim Number: CL</p> <p>GST: Yes / No ABN:</p> <p>BCB Office of Origin:</p> <p>BCB Claims Handler:</p>	<p>Insurer:</p> <p>Policy Number:</p> <p>Excess:</p> <p>Adjuster Appointed:</p>
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