

Homeowners Claim Form

Full name/s of
Policy Holders

Postal address

Post Code

Insured Property
Address

Post Code

Contact Details

Work Phone #:

Home Phone #: Mobile #:

Email:

TimberSecure Policy Details

Policy No:

Termite Inspector /
Business Name

Commencement Date of the Policy

Where, When and What Damage has been caused

When did you first notice the active termites?

Where have you found the termites?

What damage do you believe has been caused? Please give full details of your claim.

Have you contacted your Termite Inspector?
(If no please do so immediately, he is trained to help you.)

Yes

No

Date of notifying Termite Inspector

What has been his response to date?

Please provide any other information you feel is relevant that may help us assess your claim:

If there is insufficient space for any of your answers please use a separate sheet of paper.

I wish to make a claim under my TimberSecure Policy as detailed in this form, I declare that:

1. I have been full and frank in providing you with information concerning my claim.
2. I have not breached any of the terms of my warranty.

Your Signature

Name:.....

Date:

**Please return this form to:
Email:claims@rapidsolutions.com.au**