

REQUEST FOR WARRANTY / MAINTENANCE CLAIMS

DATE: _____ BUILDING NAME: _____

APT # _____ ADDRESS: _____

CONTACT INFORMATION:

NAME: _____

please circle applicable: Owner / Tenant / Managing Agent / Body Corporate

PHONE # _____

EMAIL: _____

APARTMENT
ACCESS
DETAILS:

Note: upon request access must be provided within 10 working days of the claim being submitted or the claim will no longer be valid. Inspections / works are to be scheduled Monday – Friday ONLY between 7:00am – 3:30pm.

DETAILS OF CLAIM: Submit 1 Form per item – **IMAGES MUST ACCOMPANY FORM.**

IMPORTANT NOTICE: A flat **\$175.00 call out fee** will apply for any requests that are not considered to be a warranty or a defect issue. If a call out fee has been charged due to the request not being a defect, please note that further call out will not be made to that particular property until payment has been received in full for the call out fee.

APPLIANCE ISSUES are to be referred to the **SUPPLIER** – please refer to your apartment manual.

TERMS AND CONDITIONS

- A minimum of **one(1) image and maximum of five(5) images** to accompany each form
- **One(1) claim** must be submitted for **each maintenance/defect request**
- Claims must be submitted within time frame nominated in contract of sale or maintenance manual
- **Access** must be provided **within 10 working days** of the claim being lodged or upon request by CE or a relevant party of the claim will no longer be valid
- Inspections and works are to be **scheduled Monday – Friday between 7:00am – 3:30pm**
- Appliance issues are to be directed to the manufacturer's service department
- You have read the owner's manual prior to lodging the claim
- A flat call out fee of **\$175.00 for any requests that are not considered to be a warranty or defect issue will apply**. If a call out fee has been charged due to this request not being a defect, please note that further call outs will not be made until payment has been received in full for the call out fee.
- If a specialised trade is requested to attend site they will issue invoices direct to the person requesting the call out at their standard minimum call out rate.

Please complete all fields on this form and forward to thepoint@hamiltonmarino.com.au along with any photos depicting the issue and someone will call to arrange a time for an inspection

APARTMENT NUMBER:

EXACT LOCATION OF DEFECT:

DESCRIPTION OF DEFECT: