

## LEVY COVER CLAIM FORM

Policy Number		Body Corporate Name		Cause	LEVY DEFAULT
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UNIT/DOOR No.	SECTION NUMBER	DATE OF LOSS	HISTORICAL DEBT

LEVIES	ELECTRICITY	SPECIAL LEVIES	INTEREST	ADDITIONAL INSUTANCE	OTHER LEVIES	TOTAL CLAIM VALUE

REPORT METHOD	REFERENCE NUMBER	DEFAULT PERIOD MONTHS CLAIMING	PROVINCE

DEBTOR NAME	DEBTOR ID	DEBTOR ADDRESS	DOMICILIA ADDRESS	DEBTOR TEL	ALTERNATIVE TEL	DEBTOR EMAIL	ALTERNATIVE EMAIL