



08 April 2005

[Redacted]

Dear Sir/Madam,

### **RETURN OF CONDITION REPORT AND LOCKBOX**

Previous attempts have been made to organise the collection of your condition report. We have requested the item be forwarded by mail to DHA or dropped into our office at 14 McNamara Avenue, RAAF Base Richmond.

To date I have not had any response from you regarding the return of this item. Please be aware your failure to return the condition report within 7 days from the date of this letter will result in the property being accepted pursuant to the Property Consultant's initial report.

Should you wish to discuss this matter further or make alternative arrangements for the collection of the condition report, please contact Mrs Cleo Pickard on 02 4588 1001 or the Property Consultant for your area.

Thank you for your prompt attention in finalising this matter.

Yours faithfully

[Redacted]

Cleo Pickard  
Richmond Team Leader

27.101

Rental Address:...



*Please nominate a Prime Lessor for your lease and insert their details into Lessor 1.*

**LESSOR 1**

First Name:.....  
Middle Initial:.....  
Surname:.....  
Mr, Mrs, Ms (please circle)

HOUSE FILE

Work Phone Number.....  
Home Phone Number.....  
Mobile Phone Number.....  
(please indicate with an X which number is the preferred method of communication)

*The new Property Management System will in time allow us to deliver your rental statements via Email, Fax or Post. Please indicate which method you would prefer to receive your statement by. Note that this facility may not be in place until after July 2005.*

Email, Fax, Post (please circle) Email:..



*Please include the details of any additional lessors in the fields below.*

**LESSOR 2**

First Name:.....  
Middle Initial:.....  
Surname:.....  
Mr, Mrs, Ms (please circle)

Work Phone Number.....  
Home Phone Number.....  
Mobile Phone Number.....  
(please indicate with an X which number is the preferred method of communication)

**LESSOR 3**

First Name:.....  
Middle Initial:.....  
Surname:.....  
Mr, Mrs, Ms (please circle)

Work Phone Number.....  
Home Phone Number.....  
Mobile Phone Number.....  
(please indicate with an X which number is the preferred method of communication)



TO RICHMOND HMC  
FROM AP LEASING  
File copy only



## Renewal Invitation and Renewal Schedule

### Landlords Residential Property Insurance

Ground Floor 485 La Trobe Street  
Melbourne VIC 3000  
www.cgu.com.au

General Enquiries or Change of Details: 1800 302 022

24 Hour Claims: 1300 306 497

Page 1 of 8

Date of this notice: 26/06/05

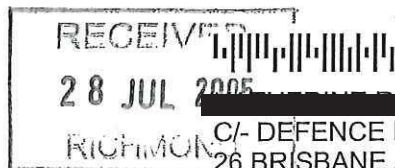
Policy Number: 06L 3569841 01

Insured Name: [REDACTED]

Date Amount Due: 01/08/05

Amount Due: \$905.52

Your current policy expires at 4.00 p.m. on 01/08/05



C/- DEFENCE HOUSING AUTHORITY  
26 BRISBANE AVE  
BARTON ACT 2600

Intermediary

L- RAU009  
261194  
V-CGU010



USER UPDATED

A/C Payable

## Relax. You know you're in safe hands with CGU.

It's time to renew your insurance. Thankfully you know you made the right choice in allowing CGU to protect you.

### Have your insurance needs changed?

At CGU, we understand that most people's insurance needs change from year to year, so we encourage our insurance customers to make sure that your current cover still suits your needs. For example:

- Have you increased cover for any improvements or new purchases?
- Are there other policy benefits that may better suit your needs?
- Do you have other insurances that would be easier kept 'under one roof' with CGU?



Simply call us on 1800 302 022 to organise any additional cover or changes to your policy.

This is general advice only and does not take into account your individual objectives, financial situation or needs ('your personal circumstances'). Before using this advice to decide whether to purchase this insurance policy, you should consider the appropriateness of it having regard to your personal circumstances, plus obtain and consider the current Product Disclosure Statement for the insurance policy.

NML-RSA001-001081

Insurer: CGU Insurance Limited ABN 27 004 478 371 An IAG Company AFS Licence No. 238291

WFS

### Payment by credit card -

Complete this section if paying by mail with a credit card.

Type of card

☐ Visa ☐ Mastercard ☐ Bankcard ☐ American Express

Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date

Cardholder's Name

/	/
---	---

--

Cardholder's Signature

--

Policy Number:

06L 3569841 01

Intermediary Details:

ST GEORGE BANK LTD  
1266001

Date Payment Due:

01/08/05

Amount Due:

\$905.52

## What You Need To Tell Us

Please note that a renewal of insurance is a new insurance contract. You are required to disclose any matters that could affect your insurance cover.

**If you answer 'Yes' to any of the following questions, contact our Customer Enquiries Centre 1800 302 022.**

1. Has any insurer refused or cancelled cover on any of your policies or required special terms to insure you?
2. Have you or any other person who receive insurance protection under the proposed policy been charged or convicted of any criminal offence in the past 12 months?
3. Are there any other material facts which should be disclosed? (Refer to What You Need To Tell Us in the policy booklet).

## How to Pay



**In Person:** Pay at any bank. Please complete the bank details on this form. If you use a bank other than ANZ an additional charge may apply.



### By Direct Debit:

Monthly or annual instalments from your bank account. For further information, please phone 1800 302 022.



**By Phone:** Please telephone 1800 302 022 for annual payment by Bankcard, MasterCard, Visa or American Express. Please have your credit card details and policy number ready.



**By Mail:** Tear off this slip and return with your cheque (made payable to CGU Insurance) or complete the credit card details on this form. Mail to GPO BOX 390D, MELBOURNE, VIC 3001

POL 29



AUSTRALIA AND NEW ZEALAND BANKING GROUP LIMITED  
Pitt & Hunter Sts Branch 68 Pitt St. Sydney, N.S.W.

## Deposit Slip

Policy Number 06L 3569841 01  
Intermediary 1266001  
Name of Client KATHERINE ROUGHAN



Teller

Paid By  
(signature)

Date / / 20

Where this deposit is lodged at a bank or branch other than shown above it will be transferred under the bank's internal procedures. The bank is not to be responsible for delays in transmission. Cheques, etc., will not be available until cleared.

Drawer

Bank

Branch

Cash

Cheque

FOR CREDIT OF

CGU INSURANCE

60

TOTAL

\$905.52



## Details of your policy cover

This Schedule must be attached to and read as part of the Company's policy.

<b>Insured Name:</b>	[REDACTED]	<b>Intermediary</b>
<b>Policy Number:</b>	06L 3569841 01	ST GEORGE BANK LTD 4-16 MONTGOMERY STREET KOGARAH 2217
<b>Policy Type:</b>	Landlords Residential Property Insurance	<b>Intermediary Number:</b> 1266001
<b>Period of Insurance:</b>	From 01/08/05 To 01/08/06	<b>Intermediary Phone:</b> ---
<b>Situation of Property Insured</b>	[REDACTED]	<b>Mortgagee/Interested Party</b> ST GEORGE BANK

SECTION	WHAT IS INSURED	SUM INSURED	PREMIUM
*** SEE IMPORTANT CHANGES ON THIS DOCUMENT ***			
	MORTGAGEE AS ABOVE		
	SITUATION AS ABOVE		
1.	BUILDINGS 1 TOWNHOUSE INCLUDING REPLACEMENT BENEFIT CONTENTS	\$262500	\$465.72
	ALL OTHER CONTENTS \$10500		
	TOTAL CONTENTS SUM INSURED	\$10500	\$67.67
	LOSS OF RENT	\$21300	\$28.22
	RENT DEFAULT AND THEFT BY A TENANT		\$88.00
	POLICY EXCESS \$100		
	ADDITIONAL EXCESSES APPLY FOR CLAIMS FOR EARTHQUAKE, MALICIOUS DAMAGE OR VANDALISM BY TENANTS, DELIBERATE OR INTENTIONAL DAMAGE BY TENANTS, RENT DEFAULT AND THEFT BY A TENANT. THESE ARE SHOWN IN THE POLICY WORDING.		
2.	LIABILITY (AMOUNT OF COVER - \$10000000)		\$43.45
TOTAL BASIC PREMIUM			\$693.06
FIRE SERVICE LEVY			\$90.94
GOODS AND SERVICES TAX			\$78.40
STAMP DUTY			\$43.12
TOTAL			\$905.52

THIS IS AN INVITATION TO INSURE. UPON RECEIPT OF THE 'AMOUNT PAYABLE' THIS POLICY WILL BE RENEWED FOR THE PERIOD OF INSURANCE SHOWN PROVIDED THAT YOUR REMITTANCE IS RECEIVED BY THE 'DATE PAYMENT DUE' SHOWN.

WHAT YOU NEED TO TELL US

Continued on following page ...

IF YOU ACCEPT OUR INVITATION, A NEW INSURANCE CONTRACT IS CREATED AND YOU ARE REQUIRED TO TELL US ANYTHING THAT YOU KNOW OR SHOULD KNOW COULD AFFECT OUR DECISION TO INSURE YOU.

IF YOU DO NOT TELL US THIS INFORMATION, WE CAN REDUCE THE AMOUNT OF A CLAIM, OR WE CAN CANCEL YOUR POLICY. IF YOUR FAILURE TO TELL US IS FRAUDULENT, WE CAN TREAT YOUR POLICY AS IF IT NEVER EXISTED.

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE INSERT THE DETAILS IN THE SPACE PROVIDED ON THE REVERSE OF THE STATEMENT OF ACCOUNT SECTION OF YOUR RENEWAL.

IN THE LAST 12 MONTHS:

- (1) HAS ANY INSURER REFUSED, CANCELLED, OR IMPOSED AN EXCESS ON ANY OF YOUR POLICIES OR REQUIRED SPECIAL TERMS TO INSURE YOU?
- (2) HAVE YOU OR ANY OTHER PERSON WHO WOULD RECEIVE INSURANCE PROTECTION UNDER THE PROPOSED POLICY BEEN CHARGED OR CONVICTED OF ANY CRIMINAL OFFENCE?
- (3) HAVE THERE BEEN ANY CHANGES TO THE INSURED PROPERTY WHICH MIGHT INCREASE THE RISK OF LOSS OR DAMAGE?
- (4) ARE THERE ANY OTHER MATERIAL FACTS WHICH SHOULD BE DISCLOSED? (PLEASE REFER TO THE DUTY OF DISCLOSURE SECTION IN YOUR POLICY BOOKLET.)

Do you authorise us to send you marketing material such as special offers and discounts?

Please call us at the telephone number on the front page of the schedule if you do not want to receive this material.

#### IMPORTANT NOTICE - POLICY EXCESS

For each separate identifiable event for which your policy provides cover any applicable excess will apply for each event giving rise to a claim.

TO PROVIDE SOME PROTECTION AGAINST INCREASED COSTS, THE SUM INSURED ON BUILDINGS &/OR CONTENTS HAS BEEN INCREASED BY 5.0%.

YOU MAY SELECT DIFFERENT SUMS INSURED IF YOU WISH.

WORKERS COMPENSATION INSURANCE IS COMPULSORY IF YOU HAVE EMPLOYEES. THIS COVER IS NOT PROVIDED UNLESS SPECIFICALLY SHOWN ON THE SCHEDULE. CGU INSURANCE CAN ARRANGE SEPARATE COVER IN THOSE STATES WHERE LEGISLATION PERMITS.

#### Cooling - Off Period

If you decide that you do not wish to continue with this policy, you have twenty-one days after the commencement of this insurance to request cancellation. We will provide you with a full refund of premium paid, provided you have not made a claim under the policy.

#### Your Renewal

In line with modern business practice, we do not automatically provide receipts for payment of renewals. If you require confirmation of your renewal, or you require a tax invoice, you can contact us.

Under the requirements of the Financial Services Reform Act 2001, we have prepared a Product Disclosure Statement (PDS) for this insurance. This PDS

*Continued on following page ...*

has been prepared to assist you in understanding the insurance policy and making an informed choice about your insurance requirements. If you would like a copy of the PDS, please contact us.

You can contact us:

By phoning the telephone number on the front page of the schedule, or

By writing to CGU Insurance Limited

GPO Box 4962 Melbourne 3001, or

By completing our e-Form or e-Mail at [www.cgu.com.au](http://www.cgu.com.au)





March 6, 2006



24/3/06  
@ 9-30  
✓

Dear

**RE: ANNUAL INSPECTION AT SERVICE RESIDENCE**

As part of our ongoing commitment to providing quality housing to service personnel, Defence Housing Authority is conducting annual inspection of all DHA properties. The annual inspection is designed to ensure all properties are in a satisfactory condition, but is also an opportunity for you to meet with your DHA Representative to discuss any thing housing concern you may have.

As our records indicates that your home is now due for an annual inspection, it would be appreciated if you could contact Melissa on 02 45881003 by no later than 15 March 2006 to arrange a suitable time for this inspection to occur. Inspections will be conducted between 9:00am and 4:00pm and before 1:00pm on Fridays and either you (the tenant) or your spouse is required to be present at the inspection.

The tenancy agreement (section 7(1)) outlines your obligation to allow access for a Defence Housing Authority Representative to conduct such an inspection, given a reasonable amount of notice.

Thanking you for your cooperation

Yours Sincerely



William Shen  
Property Consultant  
Richmond Regional Office



24 March 2006

[Redacted address block]

Dear [Redacted name]

RE: [Redacted subject line]

In accordance with the terms of your lease agreement with the Defence Housing Authority (DHA), I am writing to advise that a periodic inspection of the above property was undertaken on 24th March 2006. At the time of the inspection the property was occupied by a Defence Tenant.

- During the inspection we identified a couple of minor repairs, and have raised work orders for these repairs to be undertaken immediately.

DHA is keen to ensure that its lessor records are up to date and that new information such as changes to work phone numbers, mobile phone numbers and email addresses are recorded. I have therefore attached an 'Advice of Change of Details' form which we would like you to complete and return if your information has changed since you last advised us. If you have not already authorized DHA to arrange regular termite inspections on your behalf we also invite you to complete and return the termite inspection authorization on this form. You can either return this by fax on 4588 1060 or post to 14 McNamara Avenue, RAAF Base Richmond NSW 2755

If you have queries about any items raised in this inspection report or would like to discuss the management of your property, please do not hesitate to contact me on 4588 1000.

Yours sincerely

[Redacted signature block]

Debbie Gray /  
Property Consultant  
Defence Housing Authority Richmond



**Defence Housing  
Advise of Change of Details**  
(Please complete relevant section details only)

Leased property address: .....

Lessor Name: .....

Home Address: .....  
.....

Mailing Address: .....

Telephone No: .....

(mobile) ..... (fax) .....

(e-mail) .....

**Bank Details:**

Account Name: .....

Organisation Name: .....

Branch: .....

Account Number: ..... BSB ..... - .....

**Insurance Details:**

<u>Building</u>	<u>Contents</u>
Company .....	.....
Policy No.....	.....
Due Date .....	.....

Would you like DHA to pay Insurance on your behalf? Yes / No

If Yes, please advise your insurance company to send future accounts to DHA at:  
Accounts Payable, Defence Housing Authority, 26 Brisbane Ave Barton ACT 2600.

**Instructions for termite inspections:**

Do you wish regular termite inspections to be carried out: Yes / No

If Yes, would you like DHA to arrange a regular inspection for you and deduct this from your rent: Yes / No

Date: .... / .... / .....

# LEASED PROPERTY INSPECTION REPORT



Inspection Date: 24/03/2006

Address of Property: [REDACTED]		Lessor: [REDACTED]	
Inspected by: <b>Debbie Gray</b>	Lease: Pre 96	<input type="checkbox"/> Vacant	<input checked="" type="checkbox"/> Occupied by Defence Tenant
		<input type="checkbox"/> Occupied by Private Tenant	

CONDITION				COMMENTS	ACTION
	GOOD	ACCEPTABLE	WORK REQUIRED		
Bedroom 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bedroom 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bedroom 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bedroom 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Study	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Actually BED 5	
W.C.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	shower recess has minor leak	Work Order raised
Bathroom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Taps dripping to vanity/ minor leak to recess	Work Order raised
Toilet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Living Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Family Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Rumpus Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Kitchen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Laundry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ext. Front	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ext. Rear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Garage/Cpt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grounds Front	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grounds Rear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Driveway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Common Area**

**COMMENTS:** Property is being maintained to an acceptable standard

Signed: [REDACTED]

# PROPERTY INSPECTION REPORT



24/03/06

☐ Annual Inspection    ☐ Pre Vacation Inspection    ☐ Pre Uplift Inspection    ☐ Uplift Inspection

Address of Property:			Unit No:	
Consultant:	Deh Gray	Lock Box/Other:		

Ownership (circle one):	DHA	PRE 96	POST 96	ONBASE	Property identified for (circle one):	Retaining	Handing back
Confirmed Uplift Date:	...../...../.....		Reinspection Date (if required):	...../...../.....			

Location Code	FLOOR COVERINGS	PAINT	STRUCTURE	Circle: Heating Cooling Dishwasher Microwave Dryer Washing Machine					Charge	Trade EL - Elect. PL - Plumber CA - Carpenter PA - Painter	Work Order Raised ✓
				Model / Make:							
				G1 MAINS water tap @ front dups							
		✓ if work required		COMMENTS							
EJ		✓									
T3		✓									
F1/M1		✓									
K1		✓		Front RH Gas out bit / nook light							
L1		✓									
G4		✓		G4 properly chopping away at fence lined.							
L2		✓									
B1/MAS		✓									
E1				Shower recess leaks at edges + corners.							
B2		✓		B2 tap dripping. check recess for leaks.							
B3		✓									
B4		✓									

 CSIMILE COVER PAGI 

31. 113

Debbie Gray

From : Roughan

Sent : 5/04/2006 at 1:06:42 PM

Pages : 2 (including Cover)

Subject : 

Dear Debbie

Thank you for your letter and inspection report dated 24 March.

There have been no changes to information etc.

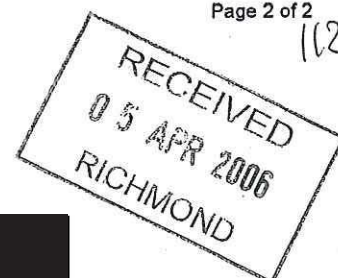
Thank you



Kathy Roughan

**Defence Housing  
Advise of Change of Details**

(Please complete relevant section: details only)



Used property address: [REDACTED]

or Name: [REDACTED]

ie Address: [REDACTED]

ing Address: [REDACTED]

phone No. (w)

(h)

(mobile)

(fax)

(e-mail)

**Details:**

unt Name:

inisation Name:

ch:

unt Number:

BSB

**Insurance Details:**

ding

Contents

pany

y No

Date

Would you like DHA to pay Insurance on your behalf?

Yes / No

Yes, please advise your insurance company to send future accounts to DHA at:  
Accounts Payable, Defence Housing Authority, 26 Brisbane Ave Barton ACT 2600.

**Instructions for termite inspections:**

Do you wish regular termite inspections to be carried out?

Yes / No

Yes, would you like DHA to arrange a regular  
inspection for you and deduct this from your rent?

Yes / No

Sydney Housing Manager  
Level 5, 76 George Street, Parramatta NSW 2124  
Signature of [REDACTED]

Telephone: 02 8836 5700, Facsimile: 02 8836 5700

Email: info@dha.gov.au, Internet: www.dha.gov.au

ABN: 72 968 504 334

5/4/06

32.

Sydney  
**WATER**115  
RECEIVED  
4 APR 2006  
ND

## FACSIMILE

To MS /

Facsimile

From Sydney Water

Division Sydney Water Customer Services Division

Location Liverpool Contact Centre

Telephone 13 20 92

Total Pages 2

Date 22/3/06

This transmission is intended solely for the named addressee and may contain confidential or privileged information. The copying or distribution of it by anyone other than the addressee is strictly prohibited. If you have received this transmission in error please telephone us immediately. Sydney Water Corporation ABN 49 776 225-038.

- ☒ Please find attached the Sewerage Service Diagram (SSD) as requested 3081691  
for property: [REDACTED]

The attached SSD has been updated/notated according to the latest information available to Sydney Water.

Where a notation has been placed on the diagram the following needs to be arranged prior to the notation being removed;

- ☐ The licensed plumber/drainer who carried out the work must arrange for the necessary inspections with the Sydney Water inspector for that area.
- ☐ Plumbers' details as per our records \_\_\_\_\_
- ☐ Sydney Water has no record of the plumber/drainers details and we would suggest that you either contact the builder to obtain the plumbers' details or contact your local council to obtain the builders details as per the development or building application.
- ☐ Large Diagram and will be posted separately within seven days of the date of this fax.

For any further enquiries relating to the attached Sewerage Service Diagram, please contact Sydney Water on 13 20 92.

Please quote contact reference number: Customer View 21587s.

10/07/25 1008

1/1/06 1008

# SEWERAGE SERVICE DIAGRAM

MUNICIPALITY OF **BAULKHAM HILLS**

SUBURB OF **KELLYVILLE**

Copy of Diagram no. **3081691**

## SYMBOLS AND ABBREVIATIONS

INDICATES - DRAINAGE FITTINGS			
■	Manhole	⊠ P	P. Trap
□ Chr	Chamber	■ R	Reflux Valve
● LH	Lamphole	◇	Cleaning Eye
⊗	Boundary Trap	□ Vert	Vertical Pipe
⊙	Inspection Shaft	IP	Induct Pipe
■ Pit	Pit	MF	Mica Flap
⊞ G	Grease Interceptor	Jn	Junction
⊞	Gully	● RP	Rodding Point

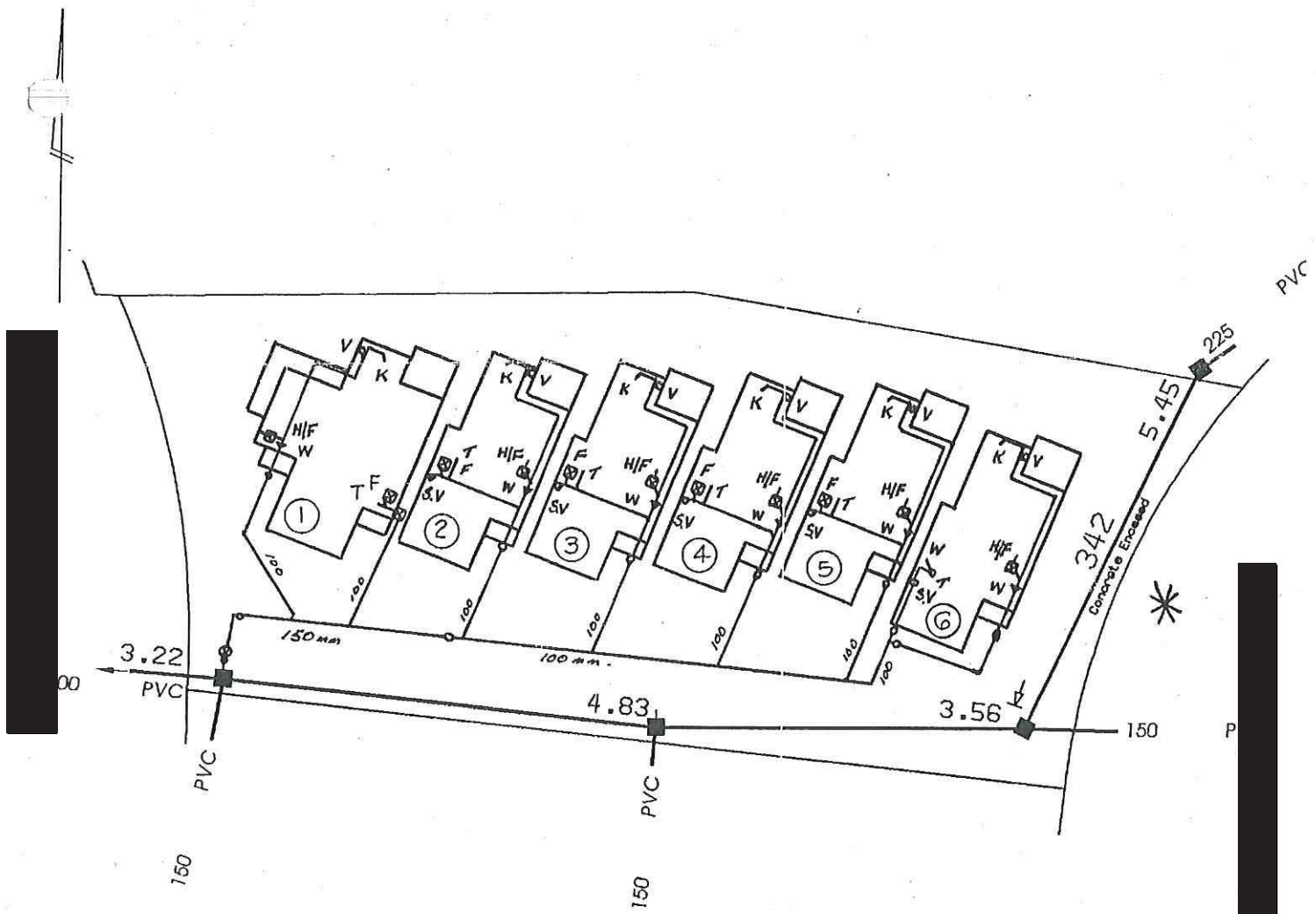


INDICATES - PLUMBING FIXTURES & OR FITTINGS			
CO	Clean out	Bld	Bidet
○ V	Vent Pipe	S	Shower
T	Tubs	DW	Dishwasher
K	Kitchen Sink	F	Floor Waste
W	Water Closet	M	Washing Machine
B	Bath Waste	BS	Bar Sink
H	Handbasin	LS	Lab Sink
INDICATES - PLUMBING ON MORE THAN ONE LEVEL			
○ SVP	Soil Vent Pipe	○ WS	Waste Stack

## SEWER AVAILABLE

Where the sewer is not available and a special inspection is involved the Board accepts no responsibility for the suitability of the drainage in relation to the eventual position of the Board's sewer. The existence and position of the Board's sewers, stormwater channels, pipes, mains and structures should be ascertained by inspection of records available at Board's Business Offices. (Section 33 of Board's Act). Position of structures, boundaries, sewers and sewerage service shown hereon are approximate only and in general the outlines of building may have been drawn from initial building plans submitted to the Board. Discrepancies in outline can occur from amendment to these plans. Discrepancies in position and type of drainage lines and fittings can be due to unnotified work. Before building work is commenced location of drainage lines is recommended. Licensee is required to submit to the Board a Certificate Of Compliance as not all work may have been supervised.

NOTE: This diagram only indicates availability of a sewer and any sewerage service as existing in the Board's records (By-Law 8, Clause 3).



Scale: Approx 1:500 Distances/depths in metres Pipe diameters in millimetres

W.s. _____ U.s. _____ Sewer Ref. _____ Sheet No. _____	DRAINAGE Inspected by Inspector . . . . . Cert. Of Compliance No. . . . . Field Diagram Examined by . . . . . Tracing Checked by . . . . .	Date of Issue . . . . . Outfall . . . . . Drainer . . . . . Plumber . . . . . Boundary Trap . . . . .	PLUMBING Inspected Inspector . . . . . Cert. Of Compliance No. . . . . . . . . . For Regional Manager
---	--	---	---

Connection Date: . . . . .

**Renewal Invitation and Renewal Schedule**  
**Landlords Residential Property Insurance**

HOUSE FILE



S02

C/- DEFENCE HOUSING AUTHORITY  
26 BRISBANE AVE  
BARTON ACT 2600

Intermediary



L- R04009  
V- CG4010  
U- 2611941  
P- SA  
33.  
CGU

Ground Floor 485 La Trobe Street  
Melbourne VIC 3000  
www.cgu.com.au

General Enquiries or Change of Details: 1800 302 022

24 Hour Claims: 1300 306 497

Page 1 of 8

Date of this notice: 25/06/06

Policy Number: 06L 3569841 02

Insured Name:

Date Amount Due: 01/08/06

Amount Due: \$1,064.90

Your current policy expires at 4.00 p.m. on 01/08/06

06 JUL 4 8:47  
A/C Payable

**Relax. You know you're in safe hands with CGU.**

It's time to renew your insurance. Thankfully you know you made the right choice in allowing CGU to protect you.

**Have your insurance needs changed?**

At CGU, we understand that most people's insurance needs change from year to year, so we encourage our insurance customers to make sure that your current cover still suits your needs. For example:

- Have you increased cover for any improvements or new purchases?
- Are there other policy benefits that may better suit your needs?
- Do you have other insurances that would be easier kept 'under one roof' with CGU?



**Simply call us on 1800 302 022 to organise any additional cover or changes to your policy.**

This is general advice only and does not take into account your individual objectives, financial situation or needs ('your personal circumstances'). Before using this advice to decide whether to purchase this insurance policy, you should consider the appropriateness of it having regard to your personal circumstances, plus obtain and consider the current Product Disclosure Statement for the insurance policy.

NML-RSA001-001034

Insurer: CGU Insurance Limited ABN 27 004 478 371 An IAG Company AFS Licence No. 238291

WFS

**Payment by credit card -**

Complete this section if paying by mail with a credit card.

Type of card

☐ Visa ☐ Mastercard ☐ Bankcard ☐ American Express

Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date

Cardholder's Name

/	/													
---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Cardholder's Signature

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Policy Number:

**06L 3569841 02**

Intermediary Details:

ST GEORGE BANK LTD  
1266001

Date Payment Due:

**01/08/06**

Amount Due:

**\$1,064.90**

## What You Need To Tell Us

Please note that a renewal of insurance is a new insurance contract. You are required to disclose any matters that could affect your insurance cover.

**If you answer 'Yes' to any of the following questions, contact our Customer Enquiries Centre 1800 302 022.**

1. Has any insurer refused or cancelled cover on any of your policies or required special terms to insure you?
2. Have you or any other person who receive insurance protection under the proposed policy been charged or convicted of any criminal offence in the past 12 months?
3. Are there any other material facts which should be disclosed? (Refer to What You Need To Tell Us in the policy booklet).

## How to Pay



**In Person:** Pay at any bank. Please complete the bank details on this form. If you use a bank other than ANZ an additional charge may apply.



### By Direct Debit:

Monthly or annual instalments from your bank account. For further information, please phone 1800 302 022.



**By Phone:** Please telephone 1800 302 022 for annual payment by Bankcard, MasterCard, Visa or American Express. Please have your credit card details and policy number ready.



**By Mail:** Tear off this slip and return with your cheque (made payable to CGU Insurance) or complete the credit card details on this form. Mail to GPO BOX 390D, MELBOURNE, VIC 3001

POL 29



AUSTRALIA AND NEW ZEALAND BANKING GROUP LIMITED  
Pitt & Hunter Sts Branch 68 Pitt St. Sydney, N.S.W.

## Deposit Slip

Policy Number 06L 3569841 02  
Intermediary 1266001  
Name of Client KATHERINE ROUGHAN



Teller		Paid By (signature)		Date / / 20	
Drawer	Bank	Branch	Cash		
			Cheque		
FOR CREDIT OF CGU INSURANCE			60	TOTAL	\$1,064.90

Where this deposit is lodged at a bank or branch other than shown above it will be transferred under the bank's internal procedures. The bank is not to be responsible for delays in transmission. Cheques, etc., will not be available until cleared.



## Details of your policy cover

This Schedule must be attached to and read as part of the Company's policy.

Insured Name:	[REDACTED]	Intermediary
Policy Number:	06L 3569841 02	ST GEORGE BANK LTD 4-16 MONTGOMERY STREET KOGARAH 2217
Policy Type:	Landlords Residential Property Insurance	Intermediary Number: 1266001
Period of Insurance:	From 01/08/06 To 01/08/07	Intermediary Phone: 180 0302022
Situation of Property Insured	[REDACTED]	Mortgagee/Interested Party ST GEORGE BANK

SECTION	WHAT IS INSURED	SUM INSURED	PREMIUM
*** SEE IMPORTANT CHANGES ON THIS DOCUMENT ***			
	MORTGAGEE AS ABOVE		
	SITUATION AS ABOVE		
1. BUILDINGS	1 TOWNHOUSE	\$289400	\$498.05
	INCLUDING REPLACEMENT BENEFIT		
	CONTENTS		
	ALL OTHER CONTENTS	\$11000	
	TOTAL CONTENTS SUM INSURED	\$11000	\$73.00
	LOSS OF RENT	\$22400	\$30.70
	RENT DEFAULT AND THEFT BY A TENANT		\$90.64
	POLICY EXCESS \$100		
	ADDITIONAL EXCESSES APPLY FOR CLAIMS FOR EARTHQUAKE, MALICIOUS DAMAGE OR VANDALISM BY TENANTS, DELIBERATE OR INTENTIONAL DAMAGE BY TENANTS, RENT DEFAULT AND THEFT BY A TENANT. IF COVER HAS BEEN REQUESTED IT WILL BE SHOWN ON YOUR POLICY SCHEDULE.		
2. LIABILITY (AMOUNT OF COVER - \$10000000)			\$43.45
-----			
	TOTAL BASIC PREMIUM		\$735.84
	FIRE SERVICE LEVY		\$152.32
	GOODS AND SERVICES TAX		\$88.82
	STAMP DUTY		\$87.92
	TOTAL		\$1064.90
-----			

THIS IS AN INVITATION TO INSURE. UPON RECEIPT OF THE 'AMOUNT PAYABLE' THIS POLICY WILL BE RENEWED FOR THE PERIOD OF INSURANCE SHOWN PROVIDED THAT YOUR REMITTANCE IS RECEIVED BY THE 'DATE PAYMENT DUE' SHOWN.

WHAT YOU NEED TO TELL US

Continued on following page . . .

IF YOU ACCEPT OUR INVITATION, A NEW INSURANCE CONTRACT IS CREATED AND YOU ARE REQUIRED TO TELL US ANYTHING THAT YOU KNOW OR SHOULD KNOW COULD AFFECT OUR DECISION TO INSURE YOU.

IF YOU DO NOT TELL US THIS INFORMATION, WE CAN REDUCE THE AMOUNT OF A CLAIM, OR WE CAN CANCEL YOUR POLICY. IF YOUR FAILURE TO TELL US IS FRAUDULENT, WE CAN TREAT YOUR POLICY AS IF IT NEVER EXISTED.

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS YOU MUST ADVISE US IN WRITING, PROVIDING FULL DETAILS.

IN THE LAST 12 MONTHS:

- (1) HAS ANY INSURER REFUSED, CANCELLED, OR IMPOSED AN EXCESS ON ANY OF YOUR POLICIES OR REQUIRED SPECIAL TERMS TO INSURE YOU?
- (2) HAVE YOU OR ANY OTHER PERSON WHO WOULD RECEIVE INSURANCE PROTECTION UNDER THE PROPOSED POLICY BEEN CHARGED OR CONVICTED OF ANY CRIMINAL OFFENCE?
- (3) HAVE THERE BEEN ANY CHANGES TO THE INSURED PROPERTY WHICH MIGHT INCREASE THE RISK OF LOSS OR DAMAGE?
- (4) ARE THERE ANY OTHER MATERIAL FACTS WHICH SHOULD BE DISCLOSED? (PLEASE REFER TO THE DUTY OF DISCLOSURE SECTION IN YOUR POLICY BOOKLET.)

Do you authorise us to send you marketing material such as special offers and discounts?

Please call us at the telephone number on the front page of the schedule if you do not want to receive this material.

#### IMPORTANT NOTICE - POLICY EXCESS

For each separate identifiable event for which your policy provides cover any applicable excess will apply for each event giving rise to a claim.

TO PROVIDE SOME PROTECTION AGAINST INCREASED COSTS, THE SUM INSURED ON BUILDINGS &/OR CONTENTS HAS BEEN INCREASED BY 5.0%.

YOU MAY SELECT DIFFERENT SUMS INSURED IF YOU WISH.

WORKERS COMPENSATION INSURANCE IS COMPULSORY IF YOU HAVE EMPLOYEES. THIS COVER IS NOT PROVIDED UNLESS SPECIFICALLY SHOWN ON THE SCHEDULE. CGU INSURANCE CAN ARRANGE SEPARATE COVER IN THOSE STATES WHERE LEGISLATION PERMITS.

#### Cooling - Off Period

If you decide that you do not wish to continue with this policy, you have twenty-one days after the commencement of this insurance to request cancellation. We will provide you with a full refund of premium paid, provided you have not made a claim under the policy.

#### Your Renewal

In line with modern business practice, we do not automatically provide receipts for payment of renewals. If you require confirmation of your renewal, or you require a tax invoice, you can contact us.

Under the requirements of the Financial Services Reform Act 2001, we have prepared a Product Disclosure Statement (PDS) for this insurance. This PDS

*Continued on following page ...*

has been prepared to assist you in understanding the insurance policy and making an informed choice about your insurance requirements. If you would like a copy of the PDS, please contact us.

You can contact us:

- By phoning the telephone number on the front page of the schedule, or
- By writing to CGU Insurance Limited  
GPO Box 4962 Melbourne 3001, or
- By completing our e-Form or e-Mail at [www.cgu.com.au](http://www.cgu.com.au)





## IMPORTANT NOTICE

The cover provided to you by your policy has been changed and a summary of these changes is set out below. If you should require further information please contact our agent, your broker or nearest CGU Insurance office. **We recommend that you attach this summary to your Policy document, as it amends the terms, conditions and cover provided under your Policy.**

Additional "Words that have a special meaning" have been included to assist you in understanding the cover provided. These are:

**Allowable Reletting Expenses** - Reletting expenses as specified in the current rental agreement for your property.

**Bond Money** - Money paid by the tenant and held as security against damage to the property or outstanding rent or other costs. Your policy will operate on the basis that bond money equal to at least four weeks rent has been paid.

**Claim** - A separate identifiable event for which the policy providers cover. Where multiple events are submitted at the same time or on the same claim form, they will be treated as separate claims for the application of any policy excess or limitation.

**Deliberate or Intentional Damage** - An act done without the owner's permission and with the full knowledge that the action will alter the current state of the property, and without any malice, vindictiveness or spite.

This does not include:

- tenant neglect, carelessness, poor housekeeping, or unhygienic living habits.
- damage occurring during maintenance operations carried out by the tenants or anyone acting on their behalf.
- damage as a result of repairs, or attempted repairs, carried out by the tenants or anyone acting on their behalf.
- damage caused by failure of tenants or their visitors to control their children.
- damage caused by pets belonging to tenants, their visitors or children of the tenants or their visitors.
- theft, or damage caused by theft.
- accidental damage or accidental loss.
- malicious damage or vandalism.
- scratching, dinting, chipping, rubbing or chafing.

**Malicious Damage or Vandalism** - A wrongful act motivated by malice, vendictiveness or spite with the intention of damaging the property.

This does not include:

- tenant neglect, carelessness, poor housekeeping, or unhygienic living habits.
- damage occurring during maintenance operations carried out by the tenants or anyone acting on their behalf.
- damage as a result of repairs, or attempted repairs, carried out by the tenants or anyone acting on their behalf.
- damage caused by failure of tenants or their visitors to control their children.
- damage caused by pets belonging to tenants, their visitors or children of the tenants or their visitors.
- theft, or damage caused by theft.
- deliberate or intentional damage.
- accidental damage or accidental loss.
- scratching, dinting, chipping, rubbing or chafing.

**Periodic tenancy agreement** - This applies when a tenant continues to occupy the situation, after a fixed term rental agreement has expired, and the rental agreement does not provide for its continuation, and a:

- notice to leave, or
- notice of intention to leave, or
- abandonment termination notice,

has not been given by the tenant to you or your agent, or by you or your agent to the tenant. The tenant is then deemed to be under a periodic tenancy agreement on the same terms which applied immediately before the rental agreement ended. ~~This does not include any term about the agreement's term.~~

**Rent** - The amount of money paid, or payable, by the tenant to rent your property.

**Rent Default** - This is where the tenant fails to pay rent in accordance with a rental agreement and/ or periodic tenancy agreement.

**Rental Agreement** - The agreement between you or your agent and the tenant.

This agreement must be writing and state:

- the term of the rental period, and
- the amount of rent payable to you, and
- the amount of the bond money that the tenant is required to pay.

**Tenant** - The person(s) named in the rental agreement or periodic tenancy agreement and including that person's partner, children, pets, and any other person(s) permanently living at the situation.

#### General Changes

Cover provided within section 1 "Building and Contents" now includes:

- **Deliberate or intentional damage**, other than theft, by a **tenant**, their visitors, their visitors' children, or their visitors' pets.
- The reasonable costs to remove **contents** debris (up to 10% of your contents sum insured).
- Your **excess** is increased by \$400 for claims for **malicious damage or vandalism**, or **deliberate or intentional damage** by a **tenant**, their visitors, or their visitors' children.
- The cost to locate and replace a defective part from which liquid has escaped.
- Where you are intitled to use **bond money** you must do so and that entitlement will be deducted from your claim.

Section1 "Rent Default and Tenant Damage" has been amended to "Rent Default and Theft by a Tenant".

**Deliberate or intentional damage** is no longer covered under this section, however theft by a **tenant** is covered.

Cover for **deliberate or intentional damage** by a **tenant** is now provided under Section 1 "Buildings and Contents".

Section 2 "Liability" has been amended to provide cover following an occurrence.  
An occurrence means;

- a single incident that is not intended or expected; or
- a series of incidents or continuous or repeated exposure to substantially the same general conditions, which;
  - are not intended or expected; and
  - have the same cause; or
  - are attributable to the same source

The changes to your Policy provide significant additional insurance protection. Should you wish to receive a new Policy booklet please contact our agent, your broker or nearest CGU Insurance office.

Thank you for insuring with CGU Insurance.



**Defence Housing**  
AUTHORITY

----- Housing Management Centre

VACANT PROPERTY MAINTENANCE LOG

Address: .....



.....  
(Please do not remove Log from Meter Box)

\* Note Scheduled activities may vary to accommodate weekends  
and public holidays \*



11 May 2007



Dear [REDACTED]

**TERMITE INSPECTION -**



Please be advised that a termite inspection has recently been conducted at the above mentioned address, find attached **Inspection Report**.

Should you require any further information please feel free to contact me on 02 4588 1012 or 0421 041 087.


Yours Sincerely

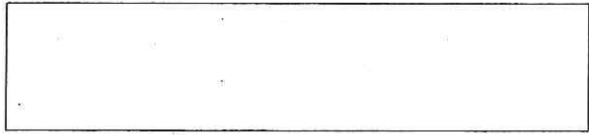



For  
Taneel Murray  
Property Consultant  
Richmond Regional Office




## Visual Termite Inspection Report in accord with AS 3660.2-2000

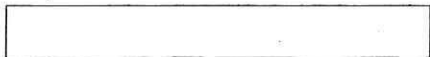
G 777855

Client: PREMIER STRATA Re: Structure at: 

Address: 

State: NSW Postcode: 

Phone:  Fax:  Mobile: 

Date of the Inspection: 24<sup>th</sup> FEBRUARY 2007Invoice No: 

## Brief description of the building and other structures on the property:

Type: Domestic ☒ Commercial ☐ Apartment/Unit/Flat ☐ Other: \_\_\_\_\_

Height: Single Storey ☐ Multistorey ☒ Split Level ☐ Other: \_\_\_\_\_

Building: Cavity Brick ☒ Brick Veneer ☐ Concrete Block ☐ Stone ☐ Weather-board ☐ Stucco ☐ Plastic/Vinyl ☐  
 Aluminium ☐ Hardiplank ☐ Coated Metal Sheeting ☐ Other Sheeting ☐ Other: \_\_\_\_\_

Piers: Brick ☐ Concrete ☐ Timber ☐ Stone ☐ Steel ☐ Other: N/A

Floor: Concrete Slab ☒ Timber with Concrete Areas ☐ Timber ☐ Chipboard ☐  
 Timber with hardboard areas ☐ Other: \_\_\_\_\_

Roof: Tile ☒ Colourbond ☐ Iron ☐ Aluminium ☐ Other: \_\_\_\_\_

## Brief description of areas inspected:

Interior ☒ Roof void ☒ Subfloor ☐ Wall exterior ☒ Garage ☒ Carport ☐ Out buildings ☐ Trees ☐ Stumps ☐  
 Posts ☐ Fences ☒ Garden ☐ Timber retaining walls ☐ Landscaping timbers ☐ Other: \_\_\_\_\_

Only structures, fences, trees etc within 50 m of the building but within the boundary of the property were inspected. When a building, or part of a building is constructed on a concrete slab it is always more susceptible to concealed termite entry.

Area/s\* NOT Inspected and/or Area/s\* to which REASONABLE ACCESS for Inspection was NOT AVAILABLE and the Reason/s why. These include Area/s\* in which Visual Inspection was Obstructed or Restricted:

☒ Interior because FLOOR COVERINGS FURNITURE FITTINGS & STORED GOODS

☒ Roof void because INSULATION

☐ Subfloor because \_\_\_\_\_

☐ Wall exterior because \_\_\_\_\_

☒ Garage because STORED GOODS

☐ Carport because \_\_\_\_\_

☐ Out buildings because \_\_\_\_\_

☐ Trees, stumps and/or posts because \_\_\_\_\_

☐ Fences because \_\_\_\_\_

☐ Garden and landscaping timbers because \_\_\_\_\_

☐ Timber retaining walls because \_\_\_\_\_

☐ Slab edge, which normally would be exposed because \_\_\_\_\_

☐ Other: \_\_\_\_\_ because \_\_\_\_\_

\* Since a complete inspection of the above areas was not possible, termite activity and/or damage may exist in these areas.

No inspection was made, and no report is submitted, of inaccessible areas. These include, but may not be limited to, concealed frame timbers, eaves, areas concealed by concrete floors, wall linings, soil, landscaping, rubbish, floor coverings, furniture, pictures, appliances, stored items, insulation, hollow blocks/posts. Furnishings, furniture & stored items were not inspected.

**High Risk Area(s) to which Access should be gained, or fully gained, since they may show evidence of termites or damage:**

Interior ☐ Roof void ☐ Subfloor ☐ Wall exterior ☐ Garage ☐ Carport ☐ Out buildings ☐ Slab Edge ☐ Weepholes ☐  
Other: \_\_\_\_\_

Was Insulation present in the Roof Void? YES ☒ NO ☐

Where insulation is present in the roof void it is recommended it be moved or removed and a re-inspection carried out of the wall top plate timbers and other roofing timbers covered by the insulation. This invasive inspection will not be performed unless a separate contract is entered into.

Was the property furnished at the time of inspection? YES ☐ NO ☐

Where a property is furnished at the time of the inspection then you must understand that the furnishings and stored goods may be concealing evidence of termite activity. This evidence may only be revealed when the furnishings and stored goods are moved. In this case a further inspection of the property is strongly recommended.

#### **SUBTERRANEAN TERMITES**

At the time of the inspection were active termites (live insects) found? YES ☐ NO ☒

Active termites were located in but not necessarily limited to the following areas:

Interior ☐ Roof void ☐ Subfloor ☐ Wall exterior ☐ Garage ☐ Carport ☐ Out buildings ☐ Trees ☐ Stumps ☐  
Posts ☐ Fences ☐ Garden ☐ Timber retaining walls ☐ Landscaping timbers ☐ Other: \_\_\_\_\_

The termites are believed to be: *Coptotermes species* ☐ *Schedorhinotermes species* ☐ *Nasutitermes species* ☐

*Heterotermes species* ☐ *Mastotermes darwiniensis* ☐ Other: \_\_\_\_\_

and have the potential to cause No ☐ Moderate to Extensive ☐ Extensive to Severe ☐ amounts of damage to timber including structural damage.

A termite nest was found in (state the location): \_\_\_\_\_

Where a termite nest is located on or near the property, the risk of termite infestation is increased.

At the time of the inspection was visible evidence of subterranean termite workings and/or damage located? YES ☐ NO ☒

Although no evidence of termites was found at this inspection be aware that at the initial stages of a termite attack there is often no evidence that an attack has commenced, such evidence may only become apparent sometime after the attack has commenced. As the Inspection can only report details of what was found on the day of the inspection, we strongly recommend that should you find evidence of new termite workings or damage prior to the next recommended Inspection you should contact our Company immediately.

Termite damage and/or workings were found mainly in but not necessarily limited to:

Interior ☐ Roof void ☐ Subfloor ☐ Wall exterior ☐ Garage ☐ Carport ☐ Out buildings ☐ Trees ☐ Stumps ☐  
Posts ☐ Fences ☐ Garden ☐ Timber retaining walls ☐ Landscaping timbers ☐ Other: \_\_\_\_\_

**VERY IMPORTANT:** Where any termite activity or damage is noted you must realise that further termite damage may be present in concealed areas. See Clauses 3, 4 and 5 on page 1.

Whilst we are not builders, the termite damage appears to be: Moderate ☐ Moderate to extensive ☐ Extensive ☐ Extensive to Severe ☐

See Clause 4 on page 1. If a treatment proposal is attached then note areas marked on the sketch (mud map) for more information on areas of damage and activity.

**IMPORTANT:** If no live termites were noted above but visual evidence of termite workings and/or damage or any other signs of termites are reported then there may be active termites in concealed areas. Termites may still be active in the immediate vicinity and may return to cause further damage. In most cases it may be possible without the benefit of further investigation subsequent inspections to ascertain whether an infestation is active or inactive. Active termites may simply have not been present at the time of inspection due to a prior disturbance, climatic conditions, or they may have been utilising an alternative feeding source. Continued, regular, inspections are essential. Unless written evidence of a termite management program in accord with "AS 3660 Termite Management" is provided, a treatment must always be considered to reduce the risk of further attack.

The following evidence of a possible previous treatment was found: \_\_\_\_\_

A durable sign was ☐ was not ☒ located.

If located, the sign was found in the meter box ☐ the entry to the subfloor ☐ or other ☐

It indicates that a physical ☐ or a chemical treated zone ☐ or a combined physical and chemical treated zone system ☐ or another termite management system ☐ has been installed. This firm can give no assurances with regard to work that may have been previously performed by other firms.

**Subterranean termite treatment recommendation:** A management program in accord with AS 3660 against subterranean termites is considered to be essential ☐ strongly recommended ☐ not essential BUT an inspection every ☐ months is essential ☒ not required as one is being carried out by us ☐.

A treatment proposal is attached ☐.

Timber retaining walls should be replaced with non-susceptible material ☐.

**Termite Shields (Ant Caps)** should be in good order and condition so termite workings are exposed and visible. This helps stop termites gaining undetected entry. Joins in the shielding should have been soldered during the installation. Whenever it is observed that the joins in the shielding have not been soldered then the shielding must be reported as inadequate. It may be possible for a builder to repair the shielding. If not, a chemical treated zone may need to be installed to replace the use of the shielding. Missing, damaged or poor shields increase the risk of termite infestation.

Whilst not a builder it appears that termite shields are: Adequate ☐ Inadequate ☐ Not Applicable ☒ Unable to assess ☐

If considered inadequate a builder or other building expert should be consulted.  
NB Physical barrier systems installed in wall cavities etc are not visible to inspection and no comment is made on such systems.

G 777855

**Wood rot:** At the time of the inspection was visible evidence of wood decay fungi (rot) found? YES ☐ NO ☒

Evidence was found in Interior ☐ Roof void ☐ Subfloor ☐ Wall exterior ☐ Garage ☐ Fences ☐ Other: \_\_\_\_\_

Wood decay fungi is conducive to subterranean termites you should consult a builder or other building expert to find out what must be carried out to prevent further decay (repairing of drainage, leaks and/or sealing the timber) and to repair the damage.

**Other areas and/or situations that appear conducive to (may attract) subterranean termite infestation: -**

Timber in the subfloor ☐ [remove] Timber stored against the building/s ☐ [remove] Timber debris around the outside of the building/s ☐ [remove] Formwork left in place in subfloor and/or under suspended slabs ☐ [remove] Hot water tank overflow pipe needs to be drained further away from the house or to a drain ☐ [rectify] Trees, stumps and/or timber posts should be test drilled and monitored ☐ [see attached proposal if attached] Timber retaining wall/s should be replaced with non-susceptible materials ☐ [remove & replace] Landscape timbers should be replaced with non-susceptible material ☐ [remove and replace] Heavy foliage against the building/s ☐ [remove] Timber structures in contact with the soil and are attached to the building/s ☐ [either remove or fit termite proof stirrups between soil and the timber] Patios and paths etc attached to the building/s ☐ [where possible gain access/have regular termite inspections]

Other: - \_\_\_\_\_

At the time of the inspection the degree of risk of subterranean termite infestation to the overall property was considered to be:  
None ☒ Moderate to High ☐ High ☐ Extremely High ☐

#### ENVIRONMENTAL CONDITIONS THAT ARE CONDUCTIVE TO TERMITES

**Drainage:** Poor drainage, especially in or into the subfloor or against the external walls, increases the likelihood of termite attack. Whilst not a plumber, it appears that drainage is generally: Adequate ☒ Inadequate ☐ Not able to assess ☐ Not applicable ☐

Areas where drainage should be attended to by a plumber or other expert and why: \_\_\_\_\_

**Water leaks:** Water leaks, especially in or into the subfloor or against the external walls, increases the likelihood of termite attack. Leaking showers or leaks from other 'wet areas' also increase the likelihood of concealed termite attack. Whilst not a plumber, it appears that water leaks are: Present ☐ Not present ☒ Not able to comment ☐

Areas where leaks should be attended to by a plumber or other expert and why: \_\_\_\_\_

Where drainage is considered inadequate or water leaks are reported then a plumber, builder or other building expert should be consulted.

**Ventilation:** Ventilation, particularly to the sub-floor region is important in minimising the opportunity for termites to establish themselves within a property. Whilst not a builder the ventilation appears to be generally: Adequate ☐ Inadequate ☐ Not able to assess ☐ applicable ☒

Where ventilation needs to be improved consult a builder or other expert.

We have attached a proposal to carry out ventilation improvement work: Yes ☐ No ☐ Not applicable ☐

**Slab Edge Exposure:** Where external concrete slab edges are not exposed there is a high risk of concealed termite entry. In some buildings built since July 1995 the edge of the slab forms part of the termite shield system. In these buildings an inspection zone of at least 75mm should be maintained to permit detection of termite entry. The edge should not be concealed by render, tiles, cladding, flashing, adjoining structures, paving, soil, turf or landscaping etc. Where this is the case you should arrange to have the slab edge exposed for inspection. Concealed termite entry may already be taking place but could not be detected at the time of the inspection. This may have resulted in concealed timber damage.

Does the slab edge inspection zone fully comply?

No, arrange for slab edge to be exposed ☐ No, not required as it is an infill slab ☒ Not applicable ☐ Yes ☐

**Note:** A very high proportion of termite attacks are over the slab edge. Covering the slab edge makes concealed entry easy. This is particularly true of infill type slab construction. Termite activity and or damage may be present in concealed timbers of the building. We strongly recommend frequent regular inspections in accordance with AS 3660.2.

**Weep holes in external walls:** It is very important that soil, lawn, concrete paths or pavers do not cover the weep holes. Sometimes they have been covered during the rendering of the brick work. They should be clean and free flowing. Covering the weep holes in part or in whole may allow undetected termite entry.

Were the weep holes clear allowing the free flow of air? No, arrange for weep holes to be exposed ☐ Not applicable ☒ Yes ☐

**Environmental, other Conditions and/or general information:** \_\_\_\_\_

G 777855

It is strongly recommended that a full Inspection and Report be carried out every 12 months. Regular inspections DO NOT stop termite attack, but are designed to limit the amount of damage that may occur by detecting problems early.

AS 3660 and AS 4349.3 both recommend at least 12 monthly inspections but strongly advise more frequent inspections. Regular inspections DO NOT stop termite attack, but are designed to limit the amount of damage that may occur by detecting problems early.

ADDITIONAL INFORMATION AND/OR MUD MAP (NOT TO SCALE)

Moisture Reading 12-14 % Good

The Inspection and Report was carried out by:

CARL SMITH

(Name of Inspector)

State Licence No:

477

Insurance Termite Accreditation No:

Dated this

24<sup>th</sup>

day of

FEBRUARY

200

7

SIGNED FOR AND ON BEHALF OF:

AA ACCOMPLISHED PEST CONTROL

(Name of Company)

Signature:

[Redacted Signature]