

Sympli Residential Seller Guarantee Claim Form



Before completing this form, please call us immediately on 1300 SYMPLI (1300 796 754) and contact the police if you suspect fraud. The sooner you tell us, the sooner we can attempt to recover your funds. You should carefully consider whether to make a claim under this guarantee, or seek recovery yourself by other means. Making a claim under this guarantee may limit what you could recover through other means. We recommend you seek your own legal advice before making a claim under this guarantee.

Please complete all fields in this claim form, attach your evidence and email it to help@sympli.com.au. Keep the original in case we need it later.

Part A – to be completed by the Seller

Settlement details

Seller's name

Settlement date

Seller's address

Address of property sold

Seller's ACN/ABN/ARBN (if applicable)

Describe the incident

Bank account details provided to practitioner for disbursement of seller funds

Financial institution name

BSB number (Must be 6 digits)

Account number

Method of providing bank details to practitioner

Name of the person at the practitioner's office to whom you provided bank details

Attach any evidence you have of providing account information to your practitioner (e.g. the email you sent)

Affected property settlement details

Did the fraud result in the failure to settle on the purchase of another property on the due date for settlement of that other property?

Yes - please complete details on the right

No - proceed to next page

Address of affected property settlement affected

Original settlement date of affected property settlement

Target settlement date of the purchase of the other property

Seller Declaration

By signing this form, the seller makes the following declaration under the *Statutory Declarations Act 1959*:

1. I have not received the funds due to me on settlement.
2. I did not instruct or authorise my practitioner or any other person to pay funds due to me to any bank account other than my own.
3. I have not in any way participated in, or aided or abetted in the fraud.
4. I have (or my practitioner has) reported the fraud to the police.
5. I believe that the information above is true in every particular.

Declared at on / /

Before me,

(Signature of authorised witness)

Full name, qualification and address of authorised witness

Authorised witness type (e.g. doctor, lawyer, JP)

View the list of authorised witnesses at <https://www.ag.gov.au/Publications/Statutory-declarations/Pages/List-of-authorised-witnesses.aspx>
A person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959.

Seller Agreement

By signing this form, the seller agrees to:

1. Provide Sympli all information in their reasonable possession or control relevant to any investigation, demand or proceeding in relation to the incident;
2. Cooperate with Sympli's reasonable requests to take part in any proceedings in relation to the incident, including providing any relevant evidence and attestations;
3. Execute any documents Sympli reasonably requests in order to pursue recovery of the loss, including providing such written authority as may be required to deal with third parties;
4. Inform Sympli of the existence of any other insurance which may respond to the loss, and whether or not a claim has been made under the policy;
5. Not do anything to prejudice or otherwise harm Sympli's ability to recover loss from the incident;
6. Not take any steps to recover without Sympli's prior written consent;
7. Be bound by the terms and conditions of the Sympli Residential Seller Guarantee set out at <https://www.sympli.com.au/policies/>; and
8. Sympli's collection, use, storage and disclosure of all information (including your personal information) related to the incident for the purpose of assessing this claim and the rights, obligations and liability of you, your practitioner and Sympli under the residential seller guarantee.

Seller's signature and address

Seller's signature

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address

Date

/ /

Power of Attorney (if applicable)

Attorney's signature

(Sign and print full name and attach a copy of Power of Attorney)

Address

Date

/ /

Sympli is committed to protecting your privacy. We handle your personal information in accordance with our Privacy Policy. We'll use and disclose your personal information to assess and manage your claim, and assess the rights, obligations and liabilities of parties connected to the incident. We won't be able to assess or accept your claim without your personal information. You can access our Privacy Policy at <https://www.sympli.com.au/policies/> to learn more, including how to access and correct your personal information, and how to make a privacy complaint.

Part B – to be completed by the Seller’s Practitioner

Subscriber details

Subscriber name

Subscriber ABN

Workspace and incident details

Sympli ID

Settlement date

 / /
dd / mm / yy

Title reference

Client’s name

Address of property sold

Was the sale subject to GST? Yes No - state reason:

Describe the incident

Suspected fraudster’s account details

Financial institution name

Seller funds disbursement amount

 \$

BSB number (Must be 6 digits)

Account number

Method that the subscriber received the seller’s correct bank account details

Attach any evidence you have of providing account information to your practitioner (e.g. the email you sent)

Method that the subscriber used to verify the seller’s correct account details

Attach evidence of verification of the seller’s correct account details

Name of user who correctly entered the account details in accordance with the seller’s instructions in the workspace

- Date the user correctly entered the account details in accordance with the seller’s instructions
- Most recent date that the user signed in to Sympli, used mobile authentication (MFA) and digitally signed the seller’s correct account details

 / /
dd / mm / yy
 / /
dd / mm / yy

Name of user who applied the digital signature

Mobile number of user who applied the digital signature

- Had the user misplaced or lost their mobile phone (linked to their account) during any period of the workspace lifecycle? Yes No
- Was the user’s digital certificate replaced or revoked during the workspace lifecycle? Yes No

When did you notify Sympli of the fraud?

 / /
dd / mm / yy
Have you notified the police of the fraud? Yes No

Practitioner Declaration

By signing this form, the practitioner makes the following declaration under the *Statutory Declarations Act 1959*:

1. I took reasonable steps to verify the identity of the seller.
2. The fraudster that updated the distribution summary with the fraudster's bank account details did so without my knowledge or approval.
3. After making reasonable enquiry, to the best of my information, knowledge and belief:
 - a. the fraudster is not an employee, director, partner, contractor, supplier or otherwise affiliated with me or the practice I represent;
 - b. the fraudster is not a person I have authorised to enter details into the distribution summary (for example by creating a Sympli user account connected to the practice); and
 - c. no employee, director, partner, supplier or contractor of the practice was aware of the fraud being committed, participated in the fraud, or aided or abetted in the fraud.

Declared at on / /

Before me,
(Signature of authorised witness)

Full name, qualification and address of authorised witness

Authorised witness type (e.g. doctor, lawyer, JP)

View the list of authorised witnesses at <https://www.ag.gov.au/Publications/Statutory-declarations/Pages/List-of-authorised-witnesses.aspx>

A person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*.

Practitioner Agreement

By signing this form, the practitioner agrees to:

1. Provide Sympli all information in their reasonable possession or control relevant to any investigation, demand or proceeding in relation to the incident;
2. Cooperate with Sympli's reasonable requests to take part in any proceedings in relation to the incident, including providing any relevant evidence and attestations;
3. Execute any documents Sympli reasonably requests in order to pursue recovery of the loss, including providing such written authority as may be required to deal with third parties;
4. Inform Sympli of the existence of any other insurance which may respond to the loss, and whether or not a claim has been made under the policy;
5. Not do anything to prejudice or otherwise harm Sympli's ability to recover loss from the incident;
6. Notify Sympli immediately if you believe:
 - a. the true identity of the seller may be different to the identity you verified; or
 - b. an employee, director, partner, supplier or contractor of your practice may have participated in, or aided or abetted in, or had prior knowledge of the fraud; and
7. Sympli's collection, use, storage and disclosure of all information (including personal information) related to the incident to any third party for the purpose of assessing this claim and the rights, obligations and liability of you, the seller and Sympli under the residential seller guarantee.

Practitioner's signature and address

Practitioner's signature

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address

Date

 / /

Power of Attorney (if applicable)

Attorney's signature

(Sign and print full name and attach a copy of Power of Attorney)

Address

Date

 / /

Sympli may require evidence of the authority of the signatory/ies to sign this form on behalf of the practice or other evidence required to assess and manage your client's claim.