

## Claim for Compensation from the Torrens Assurance Fund

*This Claim is made under section 131 of the Real Property Act 1900. All personal information will be subject to the protection provided by the Privacy and Personal Information Protection Act 1998.*

### 1. CLAIMANT

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Claimant Name

Title Reference/Dealing Number

### 2. CONTACT DETAILS

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Contact Person

Phone Number

Email Address

Postal Address

Suburb

State

Postcode

Please send correspondence via    **Email**    **Post**

### 3. GROUNDS FOR CLAIM

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The claimant applies for compensation from the Torrens Assurance Fund as a consequence of:

An act or omission of the Registrar General

The registration of someone else as the owner of land/an estate or interest in land

An error, misdescription or omission in the Register

Land being converted to Torrens Title

Fraud

An error or omission in an official search

Any error of the Registrar General in recording details supplied in a Notice of Sale

### 4. DETAILS OF CLAIM

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Please provide details of the circumstances of the Claim

I have suffered loss or damage as a result of the operation of the *Real Property Act 1900* in the following circumstances:

**5. AMOUNT OF CLAIM**

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I am entitled to be compensated from the Torrens Assurance Fund for the following amount:

**Amount of Claim:**

**6. EVIDENCE**

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**Attach all information and copies of evidence relevant to this Claim**

**7. DECLARATION**

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I, \_\_\_\_\_ do solemnly and sincerely declare that

the information in and supporting this Claim is to the best of my knowledge true and correct and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at: \_\_\_\_\_ on \_\_\_\_\_

Signature of Declarant

I, \_\_\_\_\_, a \_\_\_\_\_

certify the following matters concerning the making of this statutory declaration by the person who made it:

1. I saw the face of the person  
I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person has a special justification for not removing the covering; and
2. I have known the person for at least 12 months  
I have confirmed the person's identity using an identification document and the document I relied on was a \_\_\_\_\_

Signature of authorised witness

Date