



Policy No.

Claim No.

The issue of this form does not constitute an admission of liability on the part of the insurer.

Please complete:

Part A – Compulsory for all claims. Part B – Relevant sections pertaining to your claim. Part C – Compulsory for all claims.

PART A – COMPULSORY FOR ALL CLAIMS.

THE INSURED

Name	Surname	Given Name(s)	
Address			
		State	Postcode
Are you registered for GST?	No <input type="checkbox"/> Yes <input type="checkbox"/>	What is your ABN?	<input type="text"/>
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	No <input type="checkbox"/> Yes <input type="checkbox"/>	– Will you be claiming an amount less than 100%?	
	No <input type="checkbox"/> Yes <input type="checkbox"/>	– Specify amount claimed	% <input type="text"/>
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	No <input type="checkbox"/> Yes <input type="checkbox"/>	– Will you be claiming an amount less than 100%?	
	No <input type="checkbox"/> Yes <input type="checkbox"/>	– Specify amount claimed	% <input type="text"/>
Contact Numbers	Business ()	Private ()	
	Facsimile ()	Mobile	
Occupation	Date of Birth		/ /

THE PROPERTY

Are you the owner of the damaged property? Yes No – Give details.

Was there any other insurance covering this damage current at the time of the occurrence? No Yes – Give details.
Name of Insurer Policy Number

Does any other party have an interest in the damaged property the subject of the claim? (e.g. Mortgagee, Finance Co. leasee) No Yes – Give details.
Name Telephone ()

THE PREMISES

Where did the loss or damage occur?
Address State Postcode

Describe the premises (i.e. Home, Flat, Boarding House, Home Unit)

Are the premises tenanted? No Yes – Who usually lives there?

If tenanted, are the premises let furnished? No Yes

Were the premise occupied at the time of the loss? Yes No – Give details of when last occupied.
Name Hour Day Date / /

Was anyone other than the Insured or his/her immediate family at home at the time of the loss? No Yes – Give details.

Is any trade, business or profession carried out at the premises? No Yes – Give details.

INCIDENT DETAILS

Day and Date of Incident / / Between the hours of am/pm am/pm

How did the damage/loss occur?

Was another person responsible for the damage? No Yes – Give details.

Name

Address
 State Postcode

If the damage is the result of fire did the fire brigade attend? Yes No

DETAILS OF PREVIOUS LOSS OR DAMAGE

Have you or anyone living permanently with you suffered any loss, damage or liability to you or your property in the last 5 years? No Yes – Give details.

Describe loss, damage or liability	Date	Amount
<input type="text"/>	/ /	\$
<input type="text"/>	/ /	\$
<input type="text"/>	/ /	\$
<input type="text"/>	/ /	\$

Have you made a claim on any insurer for any of the above mentioned incidents? No Yes – Give details.

Insurer	Date	Amount
<input type="text"/>	/ /	\$
<input type="text"/>	/ /	\$
<input type="text"/>	/ /	\$

PART B – COMPLETE RELEVANT SECTIONS PERTAINING TO YOUR CLAIM.

BREAKAGE OF GLASS, BASINS, TOILET BOWLS, ETC. – Please attach invoice or quotation

What was broken?

Was the break through the entire thickness of the material? Yes No

Has the break been repaired? Yes No

Have you paid the account? Yes No

FUSION – (DAMAGE BY ELECTRIC CURRENT TO MOTORS)

Type of appliance to which motor is a part – please indicate if this appliance is built in or transportable.

How many kilowatts is the motor? Kilowatts

How old is the appliance? Years

Is the motor under warranty? No Yes

Has the damaged motor been repaired? No Yes

Is the appliance a swimming pool pump? No Yes – Is the pool above ground? No Yes

Has the motor been previously replaced? No Yes – How long ago? Years

A full report from the electrical contractor who completed the repairs must accompany this form. Failure to provide this report may delay your claim.

STORM AND WATER DAMAGE

Describe the damage

How did the Wind, Rain or Water enter the premises?

Did the storm cause this opening?

No Yes – Give details.

THEFT OR BURGLARY – Please attach original purchase docket, invoices or receipts. If you provide as much proof about owning the items it will help us to process your claim quickly.

How was the premises entered and what damage was caused during entry?

Which rooms were entered?

Have the police recovered any property?

No Yes – Give details.

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SECURITY DETAILS

Are any of these used to provide security to the premises?

Keyed window locks on all accessible windows

Grilles on all accessible windows and doors

Fixed Safe

Double keyed deadlocks

Perimeter Alarm

Free standing safe

Back to base (please attach activity report)

Internal Alarm

None

Did the device activate as a result of theft?

Yes No

ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE.

POLICE DETAILS

Have the police been notified?

No Yes – By whom?

Name

--

Telephone

()

Police Station

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Date notified

/ /

Crime Report No.

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Please attach a copy of Police Report, if available.

If the damage is the result of fire did the fire brigade attend?

Yes No

PART C – COMPULSORY COMPLETION FOR ALL CLAIMS.

DETAILS OF CLAIM – Please attach quotations. If insufficient space please attach list and show total amounts only below.

BUILDING

Particulars	Name of Repairer	Amount Claimed
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

CONTENTS

Description of Property (Include Serial Number and attach valuations)	Where Purchased (attach invoice)	When Purchased	Value at Time of Loss	Replacement Value (attach quotes)
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
TOTAL				\$

We are not responsible for payment of invoices, however, please indicate if you request payment to any other party.

PRIVACY

The QBE Privacy Promise Brochure explains what sort of personal information we collect and hold about you and what we do with that information. Please contact your Financial Services Provider to obtain a copy of the QBE Privacy Promise Brochure. A copy of the brochure may also be obtained from any QBE Commercial office or from our website at www.qbecommercial.com

DECLARATION AND AUTHORISATION

The information and answers given above are true and complete in every detail.
 I understand the claim may be refused or reduced if information is withheld.
 I authorise that QBE Commercial give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured 1. _____ Date /

Signature of Insured 2. _____ Date /

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.