

Please email completed form to giclaims@qbe.com

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

Policy No.

Claim No.

Please complete:

Part A – Compulsory for all claims.

Part B – Relevant sections pertaining to your claims.

Part C – Compulsory for all claims.

Part A - Compulsory for all claims

The insured

Business name

Are you registered for GST? Yes No

What is your ABN?

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?

Yes No - Will you be claiming an amount less than 100%?

Yes No - Specify amount claimed %

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?

Yes No - Will you be claiming an amount less than 100%?

Yes No - Specify amount claimed %

Nature of business

Address

State

Postcode

Contact details

Business

()

Private

()

Facsimile

()

Mobile

Name of hire purchase or financier

Occupation

Make and type

Year model

Date purchase (dd/mm/yyyy)

Purchase price

Purchased form

Registered no.

What is the normal use of the vehicle?

The property

Are you the owner of the property being claimed for?

Yes No - Give details

Was there any other insurance covering this damage current at the time of the occurrence?

Yes No - 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)

Yes No - Give details

Name

Telephone

()

The premises

Where did the loss or damage occur?

Address

State

Postcode

Describe the premises (i.e. Factory, Warehouse, Office Block etc.)

Are the premises tenanted?

Yes No - Give details of tenant?

Are you the tenant?

Yes No - Give details of building owner?

The premises

Were the premises unoccupied at the time of the loss? Yes No - If yes, give details of when last occupied

--

Name					
Hour	:	am	pm	Day	Date (dd/mm/yyyy)

Incident details

Day and date of incident <small>(day, dd/mm/yyyy)</small>		Between the hours of		am	pm		am	pm
--	--	-------------------------	--	----	----	--	----	----

How did the damage/loss occur?

--

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

Name					
Address					State
				Postcode	

Details of previous loss or damage

Have you ever suffered any loss, damage or theft at this address or elsewhere in the last 5 years? Yes No - Give details

Describe loss, damage or liability	Date (dd/mm/yyyy)	Amount	\$

Have you made a claim to any insurer for any of the above mentioned incidents? Yes No - Give details

Insurer	Date (dd/mm/yyyy)	Amount	\$

Part B - Complete relevant sections pertaining to your claim

Breakage of glass – 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 If yes, have you paid the account? Yes No
Was there damage to window signwriting? Yes No

Storm and water damage

Describe the damage

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

Did the storm cause this opening? Yes No - 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 were the premises entered and where was the point of entry?

Which parts of the premises were entered?

Have the police recovered any property? Yes No - Give details

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 deadlock on all perimeter doors	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? Yes No - by whom

Name		Telephone	()
Police station		Date notified (dd/mm/yyyy)	
Crime report no.			

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 – Complete relevant sections pertaining to your claim

Details of claim – Please attach quotations. If insufficient space please attach list and show total amounts only below.

Damage building

Particulars	Name of repairer	Amount claimed \$
Total		\$

Loss or damage to other property

Description of property (Include serial number)	Where purchased	When purchased (dd/mm/yyyy)	Value at time of loss	Replacement value (attach quotes) \$
Total				\$

Payment details

Would you like the funds deposited to your Australian bank account by electronic transfer? Yes No

Bank name BSB

Account name Account number

Privacy

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our **Privacy Policy** at www.qbe.com.au/privacy, or to obtain a copy by phoning us on **133 723** or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using personal information in accordance with our Privacy Policy. If you give us someone else's personal information you confirm that you've obtained their consent to do so.

If you don't provide all of the personal information we've requested, we may be unable to issue, administer and manage products and provide services

Declaration and authorisation

The information and answers given above are true, correct and complete in every detail.

- I/we understand the claim may be refused if information is not true or is withheld.
- I/we authorise QBE Insurance (Australia) Limited to 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 (dd/mm/yyyy)

Signature of insured 2. Date (dd/mm/yyyy)