



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

Policy Number

Claim Number

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

Business Name													
Are you registered for GST?	No <input type="checkbox"/> Yes <input type="checkbox"/>	What is your ABN?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	%	<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"/>	%	<input type="text"/>
Nature of Business													
Address										State	<input type="text"/>	Postcode	<input type="text"/>
		Contact Numbers		Business	(<input type="text"/>)	Private		(<input type="text"/>)	Facsimile		(<input type="text"/>)	Mobile	

THE PROPERTY

Are you the owner of the property being claimed for?		Yes <input type="checkbox"/> No <input type="checkbox"/> – give details									
<input type="text"/>											
<input type="text"/>											
<input type="text"/>											
Was there any other insurance covering this damage current at the time of the occurrence?		No <input type="checkbox"/> Yes <input type="checkbox"/> – give details									
Name of Insurer		<input type="text"/>				Policy Number		<input type="text"/>			
Does any other party have an interest in the damaged property the subject of the claim? (e.g. Mortgagee, Finance Co. leasee)		No <input type="checkbox"/> Yes <input type="checkbox"/> – give details									
Name		<input type="text"/>				Telephone		(<input type="text"/>)			

THE PREMISES

Where did the loss occur?													
Address		<input type="text"/>								State	<input type="text"/>	Postcode	<input type="text"/>
Describe the premises (i.e. Factory, Warehouse, Office Block etc.)													
<input type="text"/>													
Are the premises tenanted?		No <input type="checkbox"/> Yes <input type="checkbox"/> – give details of tenant											
<input type="text"/>													

THE PREMISES

Are you the tenant? No Yes – give details of building owner

Were the premises occupied at time of the loss? Yes No – give details of when last occupied
 Name Hour Day Date / /

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

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? No Yes – give details.

Type	Date	Amount
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$

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

Insurer	Date	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? No Yes 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?

No Yes – give details.

THEFT OR BURGLARY – Please attach original purchase dockets, 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?

No Yes – 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 deadlocks 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?

No Yes – by whom

Name

--

Telephone

()

Police Station

--

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.

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	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 Insurance (Australia) Limited 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.