



# Business Claim

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 claims.

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?							
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						%	
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						%	
Nature of Business											
Address								State		Postcode	
Contact Numbers		Business ( )			Private ( )						
		Facsimile ( )			Mobile						

The Property										
Are you the owner of the property being claimed for?								Yes <input type="checkbox"/> No <input type="checkbox"/> – Give details		
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						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 <input type="checkbox"/> Yes <input type="checkbox"/> – 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?		No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details of tenant?									
Are you the tenant?		No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details of building owner?									
Were the premise occupied at the time of the loss?								Yes <input type="checkbox"/> No <input type="checkbox"/> – 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 <input type="checkbox"/> Yes <input type="checkbox"/> – 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 <input type="checkbox"/> Yes <input type="checkbox"/> – Give details
Describe loss, damage or liability	Date	Amount	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
Have you made a claim on any insurer for any of the above mentioned incidents?			No <input type="checkbox"/> Yes <input type="checkbox"/> – 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 <input type="checkbox"/> No <input type="checkbox"/>	
Has the break been repaired?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, have you paid the account? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was there damage to window signwriting?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## 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 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?

No  Yes

**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.

**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 B – 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.				
<b>DAMAGE BUILDING</b>				
Particulars	Name of Repairer			Amount Claimed
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>TOTAL</b>				\$
<b>LOSS OR DAMAGE TO OTHER PROPERTY</b>				
Description of Property (Include serial number)	Where Purchased (	When Purchased	Value at Time of Loss	Replacement Value (attach quotes)
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
<b>TOTAL</b>				\$
<b>We are not responsible for payment of invoices, however, please indicate if you request payment to any other party.</b>				

**Privacy**

QBE includes information about how we manage your personal information in our Product Disclosure Statements and Policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website [www.qbe.com](http://www.qbe.com) or contact the Compliance Manager on 02 9375 4656 or email [compliance.manager@qbe.com](mailto:compliance.manager@qbe.com) for further information.

**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

Signature of Insured 2.  Date

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

Return the completed form to your Financial Services Provider or mail to QBE Insurance, GPO Box 4229, Sydney NSW 2001.

This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 of 82 Pitt Street, Sydney.