



# 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 <input type="text"/>											
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"/>		%	
Nature of Business <input type="text"/>											
Address <input type="text"/>											
								State	<input type="text"/>	Postcode	<input type="text"/>
Contact Numbers		Business ( <input type="text"/> )			Private ( <input type="text"/> )						
		Facsimile ( <input type="text"/> )			Mobile <input type="text"/>						

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"/>									
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 or damage 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"/>											
Are you the tenant?		No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details of building owner?									
<input type="text"/>											
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 <input type="text"/>				Hour <input type="text"/>		Day <input type="text"/>		Date / /			

Incident Details					
Day and Date of Incident		/	/	Between the hours of	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 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
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL</b>		\$

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)
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
<b>TOTAL</b>				\$

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

**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**

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.