

Householders claim



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

Please email completed form to giclaims@qbe.com or mail to QBE Insurance - Claims, GPO Box 4323, Melbourne VIC 3001.

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

Policy No.

Claim Number

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

Owners name (Block letters)	Surname		Given name(s)				
Postal address				State		Postcode	
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 %				
Contact details	Business	()	Private	()			
	Facsimile	()	Mobile				
	Email						
Occupation				Date of birth (dd/mm/yyyy)			

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?	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. Mortgage, Finance Co. leasee)	Yes	No	- Give details				
Name				Telephone	()		

The premises

Where did the damage occur?								
Address					State		Postcode	
Describe the premises (i.e. Home, Flat, Boarding House, Home Unit)								
Do you live at the premises?	Yes	No	- Who usually lives there?					
Were the premise occupied at the time of the loss?	Yes	No	- Give details of when last occupied					
Name			Hour		Day		Date (dd/mm/yyyy)	
Was anyone other than the insured or his/her immediate family at home at the time of the loss?	Yes	No	- Give details					

The premises

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

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Incident details

Day and date of incident (dd/mm/yyyy) Between the hours of am/pm am/pm

How did the damage occur?

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

Name

Address

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? Yes No

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

Have you made a claim on 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, basins toilet bowls, etc

Please attach invoice or quotation

What was broken?

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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 part - please indicate if this appliance is built in or transportable.

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How many kilowatts is the motor? Kilowatts

How old is the appliance? Years

Is the motor under warranty? Yes No
 Has the damaged motor been repaired? Yes No
 Is the appliance a swimming pool pump? Yes No - Is the pool above ground Yes No
 Has the motor been previously replaced? Yes No - 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 the 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 what damage was caused during the entry?

Which rooms 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 deadlocks	Perimeter alarm	Free standing safe
Back to base <i>(please attach activity report)</i>	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	<input style="width: 300px;" type="text"/>	Telephone	<input style="width: 100px;" type="text"/> (<input style="width: 50px;" type="text"/>) <input style="width: 100px;" type="text"/>
Police Station	<input style="width: 300px;" type="text"/>	Date notified <i>(dd/mm/yyyy)</i>	<input style="width: 150px;" type="text"/>
Crime report no.	<input style="width: 300px;" type="text"/>		

Please attach a copy of Police report, if available.

Did the device activate as a result of theft? Yes No

Details of claim

Please attach quotations. If sufficient space please attach list and show total amounts only below

Building

Particulars	Name of repairer	Amount claimed \$
Total \$		

Contents

Description of property <i>(included serial number and attach valuations)</i>	Where purchased <i>(attach invoice)</i>	When purchased <i>(dd/mm/yyyy)</i>	Value at time of loss \$	Replacement value \$ <i>(attach quotes)</i>
Total \$				

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

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.

1. I/we understand the claim may be refused if information is not true or is withheld.
2. I/we authorise QBE 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)

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