

QBE FLEXIBLE Solutions™

PACKAGED COMMERCIAL INSURANCE

Business Claim

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A. NOTES

1. It is most important that all questions are answered. If not applicable, write "n/a".
2. The issue of this claim form is not an admission of liability by QBE.
3. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
4. Any amounts further marked as * are in the currency of the country in which the policy has been issued.
5. Markets
Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your claim.

Market	Business Name	Please tick
Fiji	QBE Insurance (Fiji) Limited	
Papua New Guinea	QBE Insurance (PNG) Limited	
Solomon Islands	QBE Insurance (International) Limited	
Vanuatu	QBE Insurance (Vanuatu) Limited	

Note: For any other markets please contact the local QBE office.

6. The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:
 - a) the laws of the country at the QBE office which issues the policy/ies upon which this present claim is made; unless
 - b) the policy/ies refer to the laws of a different country applying, in which case, the laws of that country,
 and in relation to those matters, the parties submit to the jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English Law as applicable within Vanuatu immediately before 30 July 1980 and shall be justiciable before the Supreme Court of Vanuatu.

B. INSURED DETAILS

1. Name of insured:
2. Address:
..... Postcode:
3. Private tel no: Business tel no:
Mobile tel no: Fax no:
Email:
4. Occupation:

C. PROPERTY DETAILS

1. Are you the owner of the property being claimed for? YES NO
If "NO", please give details
.....

2. Was there any other insurance covering this damage current at the time of the occurrence? YES NO

If "YES", please give details

Name of insurer: Policy no.

3. Name and address of other interested party(ies) (eg. finance company, lease company)
.....
.....
.....

D. DETAILS OF PREMISES

1. Where did the loss occur?

Address:

2. Describe the premises (ie. factory, warehouse, office block etc.)

3. Are the premises tenanted? YES NO

If "YES", please give details of tenant

4. Were the premises occupied at the time of the loss? YES NO

If "NO", please give details of when last occupied?

Name: Date:
..... / .. / ..
..... / .. / ..

E. INCIDENT DETAILS

1. Date of incident: ___/___/___

2. Between the hours ofam/pm

3. How did loss or damage occur?

4. Was another person responsible for the damage? YES NO

If "YES", please give details

Name:

Address:

5. If the damage is the result of fire, did the fire brigade attend? YES NO



6. Have you made a claim on any insurer for any of the above mentioned incidents? YES NO

If "YES", please give details

Insurer	Date	Amount *

F. BREAKAGE OF GLASS DETAILS

Please attach invoice or quotation

1. What was broken?
.....
.....
2. Was the break through the entire thickness of the material? YES NO
3. Has the break been repaired? YES NO
4. Have you paid the account? YES NO
5. Was there damage to window signwriting? YES NO

G. STORM AND WATER DAMAGE DETAILS

1. Describe the damage:
.....
.....
 2. How did the wind, rain or water enter the premises?
.....
.....
 3. Did the storm cause this opening? YES NO
- If "YES", please give details*
-
.....

H. BURGLARY / THEFT

Please attach original purchase docket, invoices or receipts. Please provide as much proof about owning the items as possible in order to help us to process your claim quickly.

- 1. How were the premises entered and where was the point of entry?
.....
.....
- 2. Which parts of the premises were entered?
.....
.....
- 3. Have the police recovered any property? YES NO
If "YES", please give details
.....
.....

I. SECURITY DETAILS

- 1. Are any of these used to provide security to the premises?

Keyed window locks on all accessible windows <input type="checkbox"/>	Grilles on all accessible windows and doors <input type="checkbox"/>	Fixed safe <input type="checkbox"/>
Double keyed deadlocks on all perimeter doors <input type="checkbox"/>	Perimeter alarm <input type="checkbox"/>	Free standing safe <input type="checkbox"/>
Back to base (please attach activity report) <input type="checkbox"/>	Internal alarm <input type="checkbox"/>	None <input type="checkbox"/>
- 2. Did the alarm activate as a result of theft? YES NO

ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE

J. POLICE DETAILS

- 1. Have the police been notified? YES NO
If "YES", by whom?
Name: Telephone: ()
Police station: Date notified: ___/___/___
Crime report no.

Please attach a copy of Police Report, if applicable.

K. CLAIMS DETAILS

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

DAMAGE TO BUILDING

Particulars	Name of repairer	Amount claimed (attach quotes) *
TOTAL *		

LOSS OR DAMAGE TO OTHER PROPERTY

Description of property (include serial numbers)	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 require payment to any other party.

L. DECLARATION

I/We declare that:

1. The information and answers given above are correct to the best of my/our knowledge and belief.
2. I/We understand the claim may be refused or reduced if information is withheld.
3. I/We authorise QBE to disclose information contained herein to QBE's advisors, reinsurers and to other insurers. I/We authorise QBE to obtain from any other party information that is, in QBE's view relevant to this claim.

Signature of insured:

Date: __/ __/ __

Asia Pacific Head Office

Level 7, 345 George Street
Sydney N.S.W. 2000
Australia

Tel: +612 9375 4444
Fax: +612 9375 4070
www.qbe.com/asiapacific

Licensed insurers for the Pacific Islands region:

Fiji

QBE Insurance (Fiji) Limited
QBE Centre
Victoria Parade
GPO Box 101
Suva, Fiji

Tel: + (679) 331 5455
Fax: + (679) 330 0285
Info: info.fiji@qbe.com
www.qbe.com/asiapacific

PNG

QBE Insurance (PNG) Limited
QBE Building
Musgrave Street
P O Box 814, Port Moresby
Papua New Guinea

Tel: + (675) 3212 144
Fax: + (675) 3214 756
Info: info.png@qbe.com
www.qbe.com/asiapacific

Solomon Islands

QBE Insurance (International) Limited
Panatina Plaza
Prince Philip Highway
P.O. Box 764
Honiara
Solomon Islands

Tel: + (677) 38884
Fax: + (677) 38887
Info: info.sol@qbe.com
www.qbe.com/asiapacific

Vanuatu

QBE Insurance (Vanuatu) Limited
La Casa, D'Andrea Building
Port Vila
P.O. Box 186
Vanuatu

Tel: + (678) 22299
Fax: + (678) 23298
Info: info.van@qbe.com
www.qbe.com/asiapacific

French Polynesia

QBE Insurance (International) Limited
Immeuble Gallieni
Front de Mer
P.O. Box 283
Papeete, Tahiti – French Polynesia

Tel: + (689) 50 66 00
Fax: + (689) 50 66 01
Info: info.fp@qbe.com
www.qbe.com/asiapacific

New Caledonia

QBE Insurance (International) Limited
5 Rue Anatole-France
BP 449
98845 Noumea-Cedex
New Caledonia

Tel: + (687) 246300
Fax: + (687) 287717
Info: qbe@qbe.nc
www.qbe.com/asiapacific

For literature in use in the French Territories above,
please contact the local QBE office in each of these countries.



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www.qbe.com