

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	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Pty Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

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

6. Jurisdiction

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 exclusive 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 exclusively justiciable before the Supreme Court of Vanuatu.

B. Insured details

Name of insured

Address

Private tel. no Business tel. no Mobile tel. no

Fax no email

Occupation

C. Third party details

Name Age

Address

Private tel. no Business tel. no Mobile tel. no

Fax no email

D. Incident details

1. Date of incident Time

2. Date reported to you:

3. Location

4. Describe how the accident/incident occurred.

5. If you have admitted responsibility in any way please give details.

E. The cause

Was the accident due to: (please tick)

- The actions of any individual/s
 Property
 Plant or equipment
 A motor vehicle
 An animal
 Others, please specify

Please complete full details of appropriate section below.

1. Actions of individual/s

Please provide their name, address and relationship to you (ie. claimant, employee, member of your family, sub-contractor, etc.)

Name	Address	Relationship

2. The property

a. Do you own the property? If "No", state name and address of owner: Yes No

b. Do you occupy the property? If "No", state name of tenants and the type of tenancy. Yes No

c. Had any notice been given of any defect or hazard by your agent or tenants? Yes No

If "Yes", date notified

d. By whom were you notified?

e. What caused the accident (eg. defect in the property or spillage of some substance, etc.)?

3. Plant or equipment

a. Describe plant or equipment and its uses.

4. Motor vehicle

a. Type of vehicle Registration no

b. Driver's name:

c. Address

d. Owner's name

e. Address

5. Animal

a. Type of animal

b. How long have you owned the animal?

c. Is the animal normally confined behind fences? Yes No

d. Has the animal been involved in any similar incidents? Yes No

F. Injury details

1. Was treatment given at the scene of the accident? Yes No

If "Yes" by whom?

Address

2. How severe was the injury in your opinion: Trivial Minor Major Serious

3. Describe the extent of the injury

4. Was transport provided?

Yes

No

5. Was an ambulance used?

Yes

No

G. Witnesses and their relationship to you

Name	Address	Relationship

H. Police details

1. Did a police officer attend the accident/incident? If "Yes", please give details.

Yes

No

Name Police station

2. Did the police lay any charges or will action be taken? If "Yes", please give details.

Yes

No

I. Property damage

1. Description of property damaged

2. Nature and extent of damage:

3. Has any demand for this damage been made against you? (please attach any demands)

Yes

No

J. Signature and declaration

I/we declare that:

- The information and answers given above are correct to the best of my/our knowledge and belief.
- I/we understand the claim may be refused or reduced if information is withheld.
- 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

Fiji
QBE Insurance (Fiji) Limited

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