

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 Policy number

Address

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

Fax no email

Name of Contractor (if not the insured)

C. Contract details

1. Please give location and address of contract site:

2. Please give legal registered title number of land (Lot/Section/Parcel or Title number):

3. Were the premises occupied at time of the loss? If "Yes", please give details. Yes No

Name of occupant Date last occupied

D. Incident details

1. Date of incident Between the hours of and

2. What was damaged? Explanation (which parts? To what extent?)

3. How did loss or damage occur and what was the probable cause?

(Please append sketches, photographs and, if available, amounts of rainfall, water levels, rates of flow, police reports and newspaper cuttings).

Three empty text input boxes for providing details on how the loss or damage occurred.

For Theft/Burglary, Storm & Water Damage, Glass Breakage & Liability Losses, please complete Section E below.

4. Was another party responsible for the damage If "Yes", please give details. Yes No

Name Address

5. Are there witnesses to the occurrence of the loss? If "yes", please give names, professions and addresses. Yes No

Three empty text input boxes for providing witness details.

6. How are the damaged items to be repaired? What is the estimated time for repair?

Three empty text input boxes for providing repair details and estimated time.

7. Are there any alterations to or improvements of design, execution or construction material being effected whilst repairs are being made?

If "Yes", please give details. Yes No

Three empty text input boxes for providing details on alterations or improvements.

8. Is overtime and/or night work or work on public holidays or express freight involved in order to repair the damaged items?

If "Yes", please give details. Yes No

Two empty text input boxes for providing details on overtime or night work.

9. What are the estimated repair costs for damage to the contract works?

Two empty text input boxes for providing estimated repair costs.

10. Were any existing buildings or surrounding property damaged? If "Yes", please give details. Yes No

Three empty text input boxes for providing details on damaged property.

Estimated claims amount *

11. Additional comments

Four empty text input boxes for providing additional comments.

E. Complete relevant sections pertaining to your claim

Breakage of glass - Please attach invoice or quotation.

1. What was broken?

2. Was the break through the entire thickness of the glass? Yes No

3. Has the break been repaired? If "Yes" please provide repair invoices. Yes No

Storm and water damage

1. Describe the damage

Two empty text input boxes for describing the damage.

2. How did the wind, rain or water enter the premises?

Two empty text input boxes for describing how the damage occurred.

3. Did the storm cause this opening? Yes No

Theft or burglary - Please attach purchase dockets, invoices or receipts.

1. How were the premises entered and where was the point of entry?

Three empty text input boxes for describing how premises were entered and where the point of entry was.

2. Which parts of the premises were entered?

Three empty text input boxes for listing which parts of the premises were entered.

3. Have the police recovered any property?

Yes No

Three empty text input boxes for providing details on property recovered by the police.

Liability

1. Have you admitted responsibility in any way? If so, give details.

Three empty text input boxes for admitting responsibility and providing details.

For Personal Injury claims, please complete the following:

Form fields for personal injury details: Name, Address, Private tel no, Business tel no, Mobile tel no, Fax no, and email.

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

4. Describe the extent of the injury

Three empty text input boxes for describing the extent of the injury.

5. Was treatment given at the scene of the accident?

Yes No

If "Yes" by whom?

Empty text input box for specifying who provided treatment at the scene.

6. Was transport provided?

Yes No

7. Was an ambulance used?

Yes No

F. Police and / or fire brigade details

1. Have the police been notified? If "Yes", by whom?

Yes No

Name, Telephone, and Police station input fields.

Date notified Please attach a copy of Police Report, if applicable.

If the damage was a result of fire, did the Fire Brigade attend the scene?

Yes No

2. Please provide details of any witnesses to the accident/incident and their relationship (employer, employee, family member etc.)

Table with 3 columns: Name, Address, Relationship. Contains 4 empty rows for witness details.

G. Signature and 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

Fiji

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