Property

Property Damage Claim form

Important notice

The issue of this claim form is not an admission of liability or coverage by QBE Insurance.

How to complete this form

- Please open this form using Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. After completing the form, save it to your computer and then attach it to an e-mail addressed to NewLossOBE@us.abe.com.
- A QBE claim representative will contact you in 1 to 2 business days.

If this is an emergency or if you prefer to report your claim by telephone, please call 844.723.2524 (844-OBE-CLAIMS)

A. Person reporting the	claim				
Name	Phone number	Phone type O Mobile/Cell	O Home/Office		
Date	Relation to insured O Insured O Agent/Broker	O Relative of Insured / Family Member O Other			
B. Insured's details (Poli	cy holder) O same as	Person reporting the cla	im		
Insured's name			Policy number		
Email address			Phone number		
Property street address			Apt. number		
City	State	Zip			
C. Contact information	O same as insured	l's details			
Name			Phone		
Email address			Alt. phone		
Street address			Apt. number		
City	State	Zip			
Relationship to Claimant					
O Insured		O Relative of Insured / Family Member			
O Agent/Broker		O Other			
Best number to contact		When to contact	O AM O PM		



D. Circumstances of los	ss/damage				
Date of loss/damage		Approximate time			
			O AM	O PM	
Describe how loss occurr	ed				
 General description of da	mages (e.g. roof damage, t	heft)			
ocheral accomplian or ad	inages (e.g. 1001 damage, e	.1010			
Loss location	O same as insured's ac	O same as insured's address			
City	State	Zip			
E. Other information					
Is the property habitable		Did your business have to close as a result of this loss?			
O Yes O No	O N/A	O Yes O N	0 (D N/A	

Anything else we should know?

F. Enclosures

Save the completed form to your computer and then attach it to an e-mail addressed to NewLossQBE@us.qbe.com. Attach copies of any invoices for emergency repairs or photos if you have any.

