

# 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 [NewLossQBE@us.qbe.com](mailto:NewLossQBE@us.qbe.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-QBE-CLAIMS)

### A. Person reporting the claim

Name	Phone number	Phone type	<input type="radio"/> Mobile/Cell	<input type="radio"/> Home/Office	
Date	Relation to insured	<input type="radio"/> Insured			<input type="radio"/> Relative of Insured / Family Member
		<input type="radio"/> Agent/Broker			<input type="radio"/> Other _____

### B. Insured's details (Policy holder) same as Person reporting the claim

Insured's name	Policy number	
Email address	Phone number	
Property street address	Apt. number	
City	State	Zip

### C. Contact information same as insured's details

Name	Phone			
Email address	Alt. phone			
Street address	Apt. number			
City	State	Zip		
Relationship to Claimant	<input type="radio"/> Insured			<input type="radio"/> Relative of Insured / Family Member
	<input type="radio"/> Agent/Broker			<input type="radio"/> Other
Best number to contact	When to contact	<input type="radio"/> AM	<input type="radio"/> PM	



QBE

One General Drive, Sun Prairie, WI 53596

Claim Reporting: Phone: 844.723.2526 | [NewLossQBE@us.qbe.com](mailto:NewLossQBE@us.qbe.com)

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### D. Circumstances of loss/damage

Date of loss/damage \_\_\_\_\_ Approximate time \_\_\_\_\_  AM  PM

Describe how loss occurred \_\_\_\_\_

General description of damages (e.g. roof damage, theft) \_\_\_\_\_

Loss location  same as insured's address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### E. Other information

Is the property habitable?  Yes  No  N/A Did your business have to close as a result of this loss?  Yes  No  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](mailto:NewLossQBE@us.qbe.com).** Attach copies of any invoices for emergency repairs or photos if you have any.



**QBE**

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