



COMMERCIAL PROPERTY INSURANCE CLAIM FORM

IMPORTANT NOTICE:			
<ul style="list-style-type: none"> Please read the Claim Form fully prior to answering the questions. The issue of this claim form is not an admission of liability by QBE. Please complete Part A : Compulsory for all claims Part B : Relevant sections pertaining to your claim Part C: Compulsory for all claims. If there is insufficient space or further comment on any area is considered necessary, please use additional sheets and copies of relevant documentation should be attached. If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker. Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker or to: Claims Department QBE Insurance (Vietnam) Ltd Suite 1302 A The Metropolitan, 235 Dong Khoi St, Dist 1, HCMC Vietnam Tel : +84 8 38245050 Fax : +84 8 38245054 <div style="float: right; text-align: right;"> Hanoi Branch Room 701, North Star Building, No 4 Da Tuong, Hoan Kiem District, Hanoi Vietnam Tel : +84 4 39428668 Fax:+84 4 39428669 </div> 			
PART A. COMPUSORY FOR ALL CLAIMS			
The Insured			
Business name			
Business address			
Nature of Business			
Policy Number (if known)			
Contact Number		Facsimile Number	
The Property			
Are you the owner of the property being claimed for? <input type="checkbox"/> Yes <input type="checkbox"/> No – give details 			
Was there any other insurance covering the damage current at the time of the occurrence <input type="checkbox"/> No <input type="checkbox"/> Yes – give details (name of Insurer, policy number)			
Does any other party have an interest in the damaged property the subject of the claim? (E.g. bank, finance Co lease ...) <input type="checkbox"/> No <input type="checkbox"/> Yes – give details (Name Telephone No)			
The Premises			
Where did the loss or damage occur? (Address)			
Describe the premises (i.e. Factory, Warehouse, Office Block, residency ect ...)			



Have the police recovered any property? O No O Yes – Give details

Security details

Security details

Are any of these used to provide security to the premises?

Keyed window locks on all accessible windows	<input type="checkbox"/>	Grilled 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"/>

Did the device activate as a result of theft? O No O Yes

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

Police details

Have the police been notified? O No O Yes – by whom?

Name		Telephone	
Police station		Date notified	

Please attach a copy of police report.

If the damage is the result of fire did the brigade attend? O Yes O No

PART C. COMPULSORY FOR ALL CLAIMS

Details of claim – Please attach quotations. If insufficient space please attach list and show total amount only below

DAMAGE BUILDING

Particulars	Name of repairer	Amount claimed
TOTAL		

LOSS OR DAMAGE TO OTHER PROPERTY

Description of Property	Where purchased	When purchased	Value at time of loss	Amount claimed



			TOTAL	

E. 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 authorize QBE to disclose information contained herein to QBE's advisor, reinsurers and to other insurers. I/We authorize QBE to obtain from any other party information that is, in QBE's view relevant to this claim

Name , Signature & Stamp of Insured		Date
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PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM