

COMMERCIAL PROPERTY INSURANCE CLAIM FORM

IMPORTANT NOTICE:

 liability by QBE. Please complete Part A : Compulsory for a Part B : Relevant sections Part C: Compulsory for all If there is insufficient space copies of relevant docume If you have any questions 	Il claims s pertaining to your claim l claims. ee or further comment on any area i entation should be attached. in relation to completion of the Clai d Claim Form, as soon as possible b) Ltd politan,	mment on any area is considered necessary, please use additional sheets and					
	ORY 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 pr	operty being claimed for?	Yes	□ No – give details				
	nce covering the damage current a details (name of Insurer, policy nu						
Does any other party have a	an interest in the damaged property	the subject of the claim? (I	E.g. bank, finance Co lease)				
No Yes – give detai	ls (Name	Telephon	ne No)				
The Premises							
Where did the loss or da	mage occur?(Address)						
Describe the premises (i.e.	Factory, Warehouse, Office Block,	residency ect)					
Commercial CF 12/12			1				



Г

Are the premises tenanted?	O No	0`	res – Give deta	ils of te	nant
Are you the tenant?	O No	O Y	Yes – Give details of building owner		
Was the premises occupied at the time o					
O Yes O No – Give details of wh Name :	Hours :	Day :	r	Date :	
	Tiours.	Day.		Jale .	
ncident Details					
Day and date of incident:					
Between the hours ofa	m/pmar	n/pm			
How did the damage/loss occur?					
Was another person responsible for the c O No O Yes – Give details	damage?				
Name					
Address					
Contact number					
Details of Previous Loss or Damag					
Have you ever suffer any loss, dar O No O Yes – Give details	nage or theft at this address o	or elsewhe	ere in the last	5 years	?
Describe loss, damage or liability			Date		Amount
Have you made a claim on any insurer	for any of the above mentioned	incidents?	O No O	Yes – G	Give details
Insure	r	Date		Amo	unt
Insure	1	Date		AIIIO	unt

٦



PART B. COMPLETE RELEVANT SECTIONS PERTAINING	TO YOUR CLAIM					
Breakage of Glass – Please attach invoice or quotation						
What was broken?						
Was the break through the entire thickness of the material? O Yes	O No					
Has the break been repaired? O Yes O No - If yes, have you pa	id the account?	D Yes O No				
Was there damage to window sign writing?	O Yes	O No				
Storm and Water Damage						
Describe the damage						
How did the Wind, Rain or Water enter the premises						
Did the storm cause this opening?	O No O Yes – Gi	ve details				
Theft on Domaileme. Discourse that having in making invariance through						
Theft or Burglary – Please attach original purchase invoices. If you it will help us to process your claim quickly	provides as much as	proof of owing the items				
How the premises were entered and where was the point of entry?						
Which part of the premises was entering?						



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 premis	ses?						
Keyed window locks on all accessible windows			n all accessible and doors		Fixed saf	ē		
Double keyed deadlocks on all perimeter doors		Perimete	er Alarm		Free star	nding safe		
Back to base (Please attach activity report)		Internal	Alarm		□ None			
Did the device activate as a result of theft?		10	lo O Yes					
ANY LOSS INVOLVING MALICIOUS DAMA	AGE, LOST	OR STO	EN PROPERTY N	NUST E	E NOTIFIE	D TO THE POLI	CE	
Police details								
Have the police been notified? O No O Yes – by whom?								
Name			Tala	nhono				
Police station				phone o notifi				
Please attach a copy of police report.								
If the damage is the result of fire did the brig	gade attend	<u>:</u>	O Yes		ON	0		
PART C. COMPULSORY FO	OR ALL C	CLAIMS						
Details of claim – Please attach quotations.	If insufficie	ent space	please attach list a	ind sho	w total amo	unt only below		
DAMAGE BUILDING		-						
Particulars		Name of repairer			Amount claimed			
TOTAL								
LOSS OR DAMAGE TO OTHER PROP	PERTY							
	Wh	iere	ere When Value at time			e		
Description of Property	purchased		purchased of loss		loss	Amount	claimed	
<u> </u>	1		1			1		



	TOTAL	

E. 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 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 & Date

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM