

Property Claim Report

This form is to be used for reporting a claim for lost, stolen or damaged property, including:

- ✓ Accidental damage
- ✓ Accidental loss
- ✓ Burglary
- ✓ Business interruption
- ✓ Dishonesty of employee
- ✓ Fire
- ✓ Frozen food
- ✓ Glass
- ✓ Illegal use of credit card
- ✓ Impact
- ✓ Lightning
- ✓ Malicious damage
- ✓ Money
- ✓ Storm
- ✓ Theft
- ✓ Water damage



Insurance

Please retain this page for your information

IMPORTANT INFORMATION ABOUT YOUR CLAIM

- **This form must be completed and signed by you and/or any other person insured under your Policy.**
- **Please ensure you answer all relevant questions and return the fully completed claim form promptly.**
- We will contact you as quickly as possible about your claim.
- For some claims we will need to check the circumstances and damage before we authorise replacement or repairs.
- We may appoint a loss adjuster or investigator or contact you for more information.
- Most Policies allow for replacement of property with the nearest equivalent available, or in limited circumstances a cash settlement.

Valuation figures and sums insured for jewellery and some other items are not agreed cash settlement amounts.

They are maximum limits on the amount that may be claimed.

Claims for jewellery and some other items are usually settled by replacement.

We will advise you how we will settle your claim.

- Please do not authorise repairs without our authority.
If possible, retain damaged items, as we may need to inspect them before settling your claim.
- When submitting documents to us (e.g. repair quote), please send us the originals – not copies.
- Quotes you obtain for replacement must be for property of equivalent style and quality to that which was lost, damaged or stolen.
- For any items which are no longer available for inspection, please attach proof of purchase (e.g. credit card statement, purchase receipt), or proof of ownership (e.g. operating manual, photograph of item).
- Notify the Police immediately if your property has been lost, stolen or maliciously damaged. Please attach a copy of the Police Report, if available.

WHAT TO DO IF YOU HAVE A COMPLAINT

- ✓ Your first step should be to talk to our Claims Consultant who is handling your claim if you are dissatisfied with:
 - our handling of your claim;
 - our decision on your claim;
 - the services of our adjuster or investigator.

Our Claims Consultant will try to resolve the problem.

- ✓ If this fails to resolve the matter to your satisfaction, you can contact our Customer Relations Department (1300 650 503) and ask for the dispute to be reviewed.

You will find further details about the procedures for resolving disputes in the Product Disclosure Statement.



Insurance

Property Claim Report



The issue and acceptance of this form does not constitute admission of liability by Elders Insurance.
PLEASE NOTE: Repair work should not be started and property should not be replaced without the authority of Elders Insurance.

Agent's Name

Policy Number

Part 1 INSURED'S DETAILS

Mr / Mrs / Ms / Other (please state) Surname

Given name(s)

Postal address
 State Postcode

Phone numbers Home Work Mobile

Fax Email address

Your preferred form of contact: Home phone Work phone Mobile phone Fax Email

If a business, name of contact person

Part 2 GST DETAILS

IMPORTANT: We cannot deal with your claim unless this information is provided.
Please consult your Accountant if you are unsure how to answer these GST questions.

- Are you registered for GST purposes? No Yes
If "No", please go to Part 3. If "Yes" what is your ABN?
- Have you claimed or do you intend to claim an input tax credit on the GST applicable to the premium for this Policy? No Yes
If "Yes", is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium? No Yes
If "Yes", please specify the percentage amount claimed or intended to be claimed. %

Part 3 INCIDENT DETAILS

- Day of loss (e.g. Friday) Date of loss / / Time am/pm
- Please give details of how the loss or damage occurred. **Please provide photos of the damage, if possible.**
- Where did the loss or damage occur (i.e. address)?
- What has been lost or damaged?
- Who is the owner of the property that has been lost or damaged?
- If the property is owned by the Insured, does any other party (e.g. mortgagee, finance company) have an interest in the property? No Yes
If "Yes", please provide the company's name and address

Name	Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Part 3

INCIDENT DETAILS

7. What steps were taken to prevent or reduce further loss or damage?
8. For what purposes are the premises at the location occupied?
9. Were the premises occupied at the time of the loss or damage? No Yes
 If "No", what is the date of the last time they were occupied prior to the loss / damage? / /
10. Are the premises tenanted? No Yes
 If "Yes", name of tenant.
11. Is the insured the tenant? No Yes
 If "Yes", who owns the premises?
12. Did you have any other insurance covering this loss or damage when it happened? No Yes
 If "Yes", name of insurance company. Policy number
13. Was a person other than the insured to blame for the loss / damage? No Yes
 If "Yes", do you know the identity of that person? No Yes
 If "Yes", please provide details.

Part 4

SCHEDULE OR LOSS

Please provide details of all property which has been damaged, lost or stolen.

If you have already obtained quotes and/or invoices for repairs / replacement please attach them to this form.

(If insufficient space please record details on a separate sheet and attach)

Full description of item, including year of manufacture, serial number, make and model (where applicable)	Name of owner of item, if not owned by insured	Place of purchase	Date purchased or acquired	Price paid	Are you entitled to claim input tax credit for repairs or replacement of this item? (Please consult your Accountant if you are unsure how to complete this column)
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", what percentage ITC can you claim? <input type="text"/> %
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", what percentage ITC can you claim? <input type="text"/> %
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", what percentage ITC can you claim? <input type="text"/> %
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", what percentage ITC can you claim? <input type="text"/> %
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", what percentage ITC can you claim? <input type="text"/> %
6. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", what percentage ITC can you claim? <input type="text"/> %

Part 4

SCHEDULE OR LOSS

Full description of item, including year of manufacture, serial number, make and model (where applicable)	Name of owner of item, if not owned by insured	Place of purchase	Date purchased or acquired	Price paid	Are you entitled to claim input tax credit for repairs or replacement of this item? (Please consult your Accountant if you are unsure how to complete this column)
7. _____ _____					No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", what percentage ITC can you claim? <input type="text"/> %
8. _____ _____					No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", what percentage ITC can you claim? <input type="text"/> %
9. _____ _____					No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", what percentage ITC can you claim? <input type="text"/> %
10. _____ _____					No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", what percentage ITC can you claim? <input type="text"/> %
11. _____ _____					No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", what percentage ITC can you claim? <input type="text"/> %
12. _____ _____					No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", what percentage ITC can you claim? <input type="text"/> %

Part 5

SECURITY DETAILS

To be completed for Burglary, Theft or Malicious Damage claims only.

1. Are any of the following used to provide security on the premises?

Keyed window locks on all accessible windows

Grilles on all accessible windows and doors

Double keyed deadlocks on all perimeter doors

Fixed safe

Free-standing safe

Back- to-base alarm Did the alarm activate? No Yes **If "Yes, please attach activity report.**

Perimeter alarm Did the alarm activate? No Yes

Internal alarm Did the alarm activate? No Yes

If the alarm failed to activate, please explain why.

2. Were your premises broken into by forcible entry? No Yes

If "Yes", please explain how entry was gained and what damage was caused in the process.

Part 6

POLICE DETAILS

IMPORTANT: Please attach the Police report, if available.

1. Have the Police been notified? (Burglary, lost property, theft or malicious damage **MUST** be reported) No Yes
 If "Yes", Police report number Date reported / /
 Station reported to
 Name of Officer
2. Are the Police taking any action? Don't know No Yes
 If "Yes", against whom?
4. What charges, if any, have been made?

Part 7

HISTORY DETAILS

1. **During the past 5 years only:**
- a. have you, or any of your directors or business partners, or any person living permanently with you, had any insurance or renewal of insurance declined or cancelled or any special conditions imposed (other than imposed by QBE Insurance (Australia) Limited)? No Yes
 If "Yes", please provide details.
- b. have you, or any of your directors or business partners, or any person living permanently with you, made any insurance claims against other insurance companies? (Do not give details of claims against QBE Insurance (Australia) Limited). No Yes
 If "Yes", please provide details.
- | Type of loss (e.g. burglary) | Date of loss | Value of loss | Insurance company |
|------------------------------|--------------|---------------|-------------------|
| | / / | \$ | |
| | / / | \$ | |
| | / / | \$ | |
| | / / | \$ | |
2. Have you, or any of your directors or business partners, or any person living permanently with you:
- a. - had any adult charges, convictions, fines or penalties imposed that are less than 10 years old; or more than 10 years old where the sentence imposed was imprisonment for a period of greater than 30 months for:
 - had any juvenile convictions that are less than 5 years old, or more than 5 years old where the sentence imposed was imprisonment for a period greater than 30 months for:
 - prosecutions pending for:
 any act involving drugs, dishonesty, arson, theft, fraud or violence against any person or property? No Yes

If you have answered "Yes", please provide details below.

Convictions

Name of offender	Details of offence	Date of offence	Date of offence or conviction	Penalty imposed
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

Prosecutions Pending

Name of offender	Details of offence	Date of offence	Date charged	Date when case will go to court
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /

- b. been declared bankrupt, owned or own a business which has been placed into liquidation or had a receiver or administrator appointed? No Yes
 If "Yes", please give details.

