

## **Householders Claim**

No ☐ Yes ☐ — Give details

The issue of this form does not constitute an admission of liability on the part of the insurer.

Policy Number	r									(	Claim	Nu	ımbe	r					
Please complete: Part A — Compulsor Part B — Relevant s Part C — Compulsor	ections per ry for all cla	taininę ims.																	
The Insured																			
Full Name  Surname  Given Name(s)																			
Address																			
Are you registered for	or GST2	Na			What is	your ABN	12				State	9				Posto	code		
			Ye Ye			No 🗆		_ \^/ill >	you be c	laim	ing an	amo	unt le	ee th	an 1	00%2			
Have you claimed o GST component of						No 🗆							unt ic.	33 ti	% %	00 70 :			
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?  No Yes - Specify amount claimed %  No Yes - Will you be claiming an amount less than 100%?  No Yes - Specify amount claimed %																			
	Business	(	)			1.0		Opo	Private		)								
Contact Numbers	Facsimile	(	)						Mobile	;									
Occupation													Date	of B	irth		/	/	
The Property																			
Are you the owner o	of the damag	jed pro	operty	?										Yes		No 🗌 -	– Giv	e det	ails
Was there any other	r insurance c	overin	ıg this	damag	e current at	the time	of the o	ccurre	nce?					No	<u> </u>	Yes 🔲 -	– Giv	e det	ails
Name of Insurer										Po	olicy No	umbe	er						
Does any other part (e.g. Mortgagee, Fir	,		in the	damag	ed property	the subje	ect of the	e claim	1?					No	_ `	Yes	– Giv	e det	ails
Name		,									Tele	phor	ne (		)				
The Drawines																			
The Premises Where did the loss of	or damage o	occur?																	
	or darriage o	ccui :																	
Address											St	ate				Posto	ode		
Describe the premis	ses (i.e. Hom	e, Flat	., Boar	ding Ho	ouse, Home	Unit)													
Are the premises ter	nanted?	1	No 🗌	Yes	- Who usu	ally lives	there?												
If tenanted, are the	premises let	furnisl	hed?									_				Yes			
Were the premise of	ccupied at th	ne time	e of the	e loss?						Yes		) <u> </u>	– Giv	e de		of whe			-
Name					diate family		Hour				ay			No	_	Date Yes 🔲 -	/		/

QM117-0806 1

Is any trade, business or profession carried out at the premises?

Incident Details										
Day and Date of Incident	/	/	Between the hours of	of		am/ pm				
How did the damage/loss	occur?									
Was another person responses	onsible for the damage?					N	o Ves Ves (	Give details		
Name										
Address					State		Postcode			
If the demand in the recult	of five did the five brigade o	ttond0			State	N.I.	o Yes			
ir the damage is the result	of fire did the fire brigade a	ttena?				IN	o 🗀 Yes 🗀			
Details of Previous	Loss or Damage									
	permanently with you suffer	red any loss,	damage or	liability to you or		N	o Yes (	Give details		
your property in the last 5	Describe loss, damag	ne or liability			Г	Date		Amount		
	Describe 1033, damag	ge of liability			/	/	\$	uiit		
					/	/	\$			
					/	/	\$			
					/	/	\$			
					/	/	\$			
					/	/	\$			
Have you made a claim or	n any insurer for any of the a	above mentior	ned incider	nts?		N	o Yes - 0	Give details		
	Insurer				[	Date	Amo	unt		
					/	/	\$			
					/		\$			
					/	/	\$			
PART B - COMPLE	TE RELEVANT SECT	TIONS PE	RTAINI	NG TO YOUR CL	AIM.					
Breakage of Glass,	Basins, Toilet Bowls	, etc. — PI	ease atta	ch invoice or quotatio	on					
What was broken?										
Was the break through the	e entire thickness of the mat	erial?	Yes N	lo 🗌						
Has the break been repair				lo 🗌						
Have you paid the accour	nt?		Yes L N	lo 🗌						
Fusion — (Damage	by Electric Current t	to Motors)								
	h motor is a part – please ind			s built in or transportab	le.					
			· ·	·						
How many kilowatts is the	e motor?					Kilo	watts			
How old is the appliance?						•	Years			
Is the motor under warran	ty?		No 🗌 Ye	es 🗌						
Has the damaged motor b	peen repaired?		No 🗌 Ye	es 🗌						
Is the appliance a swimm	ng pool pump?		No 🗌 Ye	es $\square$ – Is the pool abo	ve groun	d? No 🗌	Yes 🗌			
Has the motor been previ	ously replaced?		No 🗌 Ye	es 🗌 – How long ago?		•	Years			
A full report from the ele your claim.	ctrical contractor who cor	mpleted the r	repairs mu	ıst accompany this fo	rm. Failu	ure to provi	ide this report r	nay delay		

Storm and Water Damage				
Describe the damage				
How did the Wind, Rain or Water enter	the premises?			
Did the storm cause this opening?				No ☐ Yes ☐ — give details
				<u> </u>
Theft or Burglary – Please atta		ces or receipts. If	you provide as	much proof about owning the
items it will help us to process your				
How were the premises entered and w	nat damage was caused during entry?	•		
Which rooms were entered?				
Have the police recovered any property	/?			No ☐ Yes ☐ — give details
Consider Dataile				
Security Details				
Are any of these used to provide secur	ity to the premises?			
Keyed window locks on all	Grilles on all accessible			
accessible windows	windows and doors		Fixed Safe	
Double keyed deadlocks	Perimeter Alarm		Free standi	ng safe
Back to base (please attach activity report)	Internal Alarm		None	
, ,,				
Did the device activate as a result of the	neft?	Yes		
ANY LOSS INVOLVING N	IALICIOUS DAMAGE, LOST OR STO	NI EN PROPERTY I	MUST RE NOTI	FIED TO THE POLICE
ART EGGG INVOLVING I	IALIOIOGO DAWAGE, EGGT GITGTC	PELITITION ENTITY	WOOT BE NOTE	TED TO THE TOLICE.
Deline Deteile				
Police Details				
Have the police been notified?	No L	Yes ☐ — by whom		
Name			Telephone	( )
Police Station			Date notified	/ /
Crime Report No.	any of Delice Devent 15 11.11			
Please attach a c	opy of Police Report, if available.			
Did the device activate as a result of th	eft? Yes	No 🗌		

## PART C - COMPULSORY COMPLETION FOR ALL CLAIMS.

1. I/We understand the claim may be refused if information is not true or is withheld.

course of this contract.

Signature of Insured

Signature of Insured 2.

BUILDING									
Particulars			Name of F	Amount Claimed					
				\$					
				\$					
				\$					
					\$				
						\$			
	\$								
	\$								
	\$								
	ı				TOTAL	\$			
CONTENTS									
Description of Property	Where Purchase	ed			Value at	Replacement Value			
(Include serial number and attach valuations)	(attach invoice)		When Pu	ırchased	Time of Loss	(attach quotes)			
			/	/	\$	\$			
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			/	/	\$	\$			
	I				TOTAL	\$			
We are not responsible for payment of invoices, he									
	,.			. ,	2 1 1 9				
Privacy									
QBE includes information about how we manage your personal information in our Product Disclosure Statements and Policy booklets. You can obtain a copy of the <i>QBE Privacy Policy Statement</i> from our website <b>www.qbe.com</b> or contact the Compliance Manager on 02 9375 4656 or email <b>compliance.manager@qbe.com</b> for further information.									
Declaration and Authorisation									
The information and answers given above are true, correct and complete in every detail.									

Details of Claim - Please attach quotations. If insufficient space please attach list and show total amounts only below.

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

/

/

Date

Date

2. I/We authorise QBE Insurance (Australia) Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the

Return the completed form to your Financial Services Provider or mail to QBE Insurance, GPO Box 4229, Sydney NSW 2001.