



# Declaration

The following must be completed on all claims and the information included in the first report.

**Claim Number**

## THE INSURED

Insured Name		<input type="text"/>	
Are you registered for GST?	No <input type="checkbox"/> Yes <input type="checkbox"/>	What is your ABN?	<input type="text"/>
1. Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/> If "No", go to question 3		
2. Will you be claiming an amount less than 100%?	No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", specify amount claimed	<input type="text"/>	% <input type="text"/>
3. Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/> If "No", go to declaration		
4. Will you be claiming an amount less than 100%?	No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", specify amount claimed	<input type="text"/>	% <input type="text"/>

## GENERAL DECLARATION

All information and answers given in relation to this claim are true and complete in every detail.

I understand the claim may be refused or reduced if information is withheld.

I authorise that QBE give to and obtain from other insurers and insurance reference bureaus any information relating to my insurance history as well as insurance claims information obtained during the course of this contract.

## DECLARATION

I/We declare that the information supplied on this form is true in every respect.

Signature of Insured 1.  Date

Signature of Insured 2.  Date