



DAMAGE to PROPERTY and PERSONAL EFFECTS INCLUDING BURGLARY and THEFT CLAIM FORM

Branch

Policy number Due date / /

NOTES

1. It is MOST IMPORTANT that ALL QUESTIONS ARE ANSWERED where necessary. This will greatly assist us to process your claim as quickly as possible.
2. The issue of this claim form is not an admission of liability by QBE.
3. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

CLIENT DETAILS

Insured name Policy number

Address

Place of employment

Private telephone (0) Business telephone (0)

E-mail

CIRCUMSTANCES OF LOSS/DAMAGE

Date of accident/incident / / Time am pm

Date first became aware of incident / / Time am pm

Describe the incident giving rise to the loss or damage in as much detail as possible

Do you regard any person other than yourself responsible for this loss or damage? Yes No

If Yes, please provide details of that person and why they are responsible



Did you own all of the damaged property?

Yes No If NO, give owner details

Owner name

Owner address

ADDITIONAL INFORMATION for BURGLARY and THEFT CLAIMS ONLY

Describe the method of entry

Have the Police been notified?

Yes No

If Yes, which station?

PLEASE ATTACH THE POLICE COMPLAINT ACKNOWLEDGE FORM

IMPORTANT: For all burglary and theft claims the Police must be notified and a Police Complaint Acknowledge form obtained.

OTHER INSURANCE

Do you have any other insurances under which a claim could be made?

Yes No

If Yes, please provide details of name of insurer, policy number and type of policy

Insurer

Policy number Type of policy

Have you ever submitted a similar claim to any insurer other than QBE?

Yes No

If Yes, please give date(s), amount(s), name of insurance company(s)

Table with 3 columns: Insurance company, Date, Amount. Includes rows for claim details.

SCHEDULE OF ARTICLES

Please complete the "Schedule of articles in respect of which the claim is made" on the next page.

DECLARATION

I/We declare that:

- (a) The information and answers given above are correct to the best of our/my knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim;
(b) I/We understand that QBE requires this information (which will be retained by QBE) to evaluate the claim. I/We understand that the Privacy Act 1993 entitles me/us to have access to and request the correction of the information;
(c) QBE is authorised to disclose information contained herein to QBE's advisors, reinsurers and to other insurers. I/We authorise QBE to obtain, from any other party, information that is, in QBE's view relevant to this claim.

Insured/s signature(s)

Date



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