

# QBE Claim Form

DAMAGE TO PROPERTY AND PERSONAL EFFECTS  
INCLUDING BURGLARY AND THEFT



Branch: .....
Policy Number: .....
Due Date: .....



Level 16, 23-29 Albert Street,  
PO Box 44, Auckland  
Phone: 00 64 9 366 9920

QBE INSURANCE (INTERNATIONAL) LTD  
A Member of the QBE Insurance Group - Incorporated in N.S.W., Australia. A.C.N. 000 000 948

5.0.1.6.0400  
QBE Damage/Burglary and Theft Claim Form

It is MOST IMPORTANT that ALL QUESTIONS ARE ANSWERED where necessary. This will greatly assist us to process your claim as quickly as possible.

The issue of this claim form is not an admission of liability by QBE

If there is insufficient space or further comment on any area is considered necessary, please use additional pages.

### CLIENT DETAILS

Insured name ..... Policy number .....

Address .....

Place of employment .....

Private telephone (0 )..... Business telephone (0 ).....

### 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

.....  
.....  
.....  
.....  
.....

### 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.



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## 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)

Insurance Company(s) .....

Date(s) ..... Amount(s) \$.....

## SCHEDULE OF ARTICLES

Please complete the "Schedule of Articles in which the claim is made" on the reverse of this 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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