

A. Notes

- It is most important that all questions are answered. If not applicable, write "n/a".
- 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.
- Any amounts further marked as * are in the currency of the country in which the policy has been issued.
- Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your claim.

MARKET	BUSINESS NAME	PLEASE TICK
Fiji	QBE Insurance (Fiji) Limited	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Pty Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

Note: For any other markets please contact the local QBE office.

6. Jurisdiction

The content and use of this form or 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 the country at the QBE office which issues the policy/ies upon which this present claim is made; unless
- the policy/ies refer to the laws of a different country applying, in which case the laws of that country, and in relation to those matters, the parties submit to the exclusive jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English law as applicable within Vanuatu immediately before 30 July 1980 and shall be exclusively justiciable before the Supreme Court of Vanuatu.

Compulsory completion for all claims

B. Insured details

Name of insured Policy no

Address

Private tel. no Business tel. no Mobile tel. no

Fax no email

Occupation

Address of property insured (if same as above, leave blank):

C. Property details

1. Are you the owner of the property subject to this claim? Yes No

2. Was there any other insurance covering this damage current at the time of the occurrence? Yes No

If "Yes", please give details.

Name of insurer Policy number

3. Name and address of other interested party(ies) (eg. finance company, lease company)

D. Details of premises

1. Where did the loss occur?

Address

2. Describe the premises (ie. home, flat, boarding house, home unit, etc.)

3. Are the premises tenanted? If "Yes", who usually lives there?

Yes No

4. If tenanted, are the premises let furnished?

Yes No

5. Were the premises occupied at the time of the loss? If "No", please give details of when last occupied.

Yes No

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

6. Was anyone other than the insured and his/her immediate family at home at the time of the loss?

Yes No

If "Yes", please give details.

7. Is any trade business or profession carried out at the premises? If "Yes", please give details.

Yes No

E. Incident details

1. Date of incident

Between the hours of

to

2. How did the damage / loss occur?

3. Was another person responsible for the damage? If "Yes", please give details.

Yes No

Name Address

4. If the damage is the result of fire, did the fire brigade attend?

Yes No

5. Have you or anyone living permanently with you suffered any loss, damage or liability to you or your property in the last 5 years?

Yes No

If "Yes", please give details:

Complete relevant sections pertaining to your claim.

F. Breakage of glass, basins, toilet bowls, etc details

Please attach invoice or quotation.

1. What was broken?

2. Was the break through the entire thickness of the material?

Yes No

3. Has the break been repaired?

Yes No

4. Have you paid for the damages?

Yes No

G. Fusion - (damage by electric current to motors)

1. Type of appliance to which motor is a part - please indicate if this appliance is built in or transportable.

2. How many kilowatts is the motor?

 kwatt

3. How old is the appliance?

 years

4. Is the motor under warranty?

Yes No

5. Has the damaged motor been repaired?

Yes No

6. Has the motor been previously replaced?

Yes No

7. If "Yes", how long ago?

 years

A full report from the electrical contractor who completed the repairs must accompany this form. Failure to provide this report may delay your claim.

H. Storm and water damage details

1. Please describe the damage.

2. How did the wind, rain or water enter the premises?

3. Did the storm cause this opening? If "Yes", please give details.

 Yes No

I. Burglary /theft

Please attach original purchase docket, invoices or receipts. Please provide as much proof about owning the items as possible in order to help us to process your claim quickly.

1. How were the premises entered?

2. Which rooms were entered?

3. Have the police recovered any property? If "Yes", please give details.

 Yes No

J. Security details

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

Keyed window locks on all accessible windows

Grilles on all accessible windows and doors

Fixed safe

Double keyed deadlocks on all perimeter doors

Perimeter alarm

Free standing safe

Back to base (please attach activity report)

Internal alarm

None

2. Did the alarm activate as a result of theft?

 Yes No

Any loss involving malicious damage, lost or stolen property must be notified to the police.

K. Police details

1. Have the police been notified? If "Yes", by whom?

 Yes No

Name Telephone Police station

Date notified Crime report no Please attach a copy of police report, if applicable.

Compulsory completion for all claims

L. Claims details

Please attach quotations. If insufficient space, please attach list and show total amounts only below.

Building

Particulars	Name of repairer	Amount claimed (attach quotes) *
Total		

Content

Description of property (include serial number and attach valuations)	Where purchased	When purchased	Value at time of loss *	Replacement value (attach quotes) *
Total				

We are not responsible for payment of invoices, however, please indicate if you require payment to any other party.

M. Signature and declaration

I/we declare that:

- The information and answers given above are correct to the best of my/our knowledge and belief.
- I/we understand the claim may be refused or reduced if information is withheld.
- I/we authorise QBE 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.

Signature of insured

Date

Fiji
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