



## COMMERCIAL PROPERTY INSURANCE CLAIM FORM

IMPORTANT NOTICE:			
<ul style="list-style-type: none"> <li>Please read the Claim Form fully prior to answering the questions. The issue of this claim form is not an admission of liability by QBE.</li> <li><b>Please complete</b>  <b>Part A</b> : Compulsory for all claims  <b>Part B</b> : Relevant sections pertaining to your claim  <b>Part C</b>: Compulsory for all claims.                      If there is insufficient space or further comment on any area is considered necessary, please use additional sheets and copies of relevant documentation should be attached.</li> <li>If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.</li> <li>Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker or to:  <b>Claims Department</b>  <b>QBE Insurance (Vietnam) Ltd</b>  <b>Suite 1302 A The Metropolitan,</b>  <b>235 Dong Khoi St, Dist 1, HCMC</b>  <b>Vietnam</b>  <b>Tel : +84 8 38245050</b>  <b>Fax : +84 8 38245054</b> <div style="float: right; text-align: right;"> <b>Hanoi Branch</b>  <b>Room 701, North Star Building,</b>  <b>No 4 Da Tuong, Hoan Kiem District, Hanoi</b>  <b>Vietnam</b>  <b>Tel : +84 4 39428668</b>  <b>Fax:+84 4 39428669</b> </div> </li> </ul>			
PART A. COMPUSORY FOR ALL CLAIMS			
The Insured			
Business name			
Business address			
Nature of Business			
Policy Number (if known)			
Contact Number		Facsimile Number	
The Property			
Are you the owner of the property being claimed for? <span style="float: right;"> <input type="checkbox"/> Yes                     <input type="checkbox"/> No – give details                 </span>			
Was there any other insurance covering the damage current at the time of the occurrence <input type="checkbox"/> No <input type="checkbox"/> Yes – give details ( name of Insurer, policy number )			
Does any other party have an interest in the damaged property the subject of the claim? (E.g. bank, finance Co lease ...) <input type="checkbox"/> No <input type="checkbox"/> Yes – give details ( Name <span style="float: right;">Telephone No</span> )			
The Premises			
Where did the loss or damage occur? ( Address )			
Describe the premises (i.e. Factory, Warehouse, Office Block, residency ect ...)			



Are the premises tenanted?	<input type="radio"/> No	<input type="radio"/> Yes – Give details of tenant
Are you the tenant?	<input type="radio"/> No	<input type="radio"/> Yes – Give details of building owner

Was the premises occupied at the time of the loss?  
 Yes  No – Give details of when last occupied

Name :	Hours :	Day :	Date :
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**Incident Details**

Day and date of incident: .....  
Between the hours of .....am/pm .....am/pm

How did the damage/loss occur?

Was another person responsible for the damage?  
 No  
 Yes – Give details

Name
Address
Contact number

**Details of Previous Loss or Damage**

Have you ever suffer any loss, damage or theft at this address or elsewhere in the last 5 years?  
 No  Yes – Give details

Describe loss, damage or liability	Date	Amount

Have you made a claim on any insurer for any of the above mentioned incidents?  No  Yes – Give details

Insurer	Date	Amount



<b>PART B. COMPLETE RELEVANT SECTIONS PERTAINING TO YOUR CLAIM</b>		
<b>Breakage of Glass</b> – Please attach invoice or quotation		
What was broken?		
Was the break through the entire thickness of the material? <input type="radio"/> Yes <input type="radio"/> No		
Has the break been repaired? <input type="radio"/> Yes <input type="radio"/> No -      If yes, have you paid the account? <input type="radio"/> Yes <input type="radio"/> No		
Was there damage to window sign writing? <input type="radio"/> Yes <input type="radio"/> No		
<b>Storm and Water Damage</b>		
Describe the damage		
How did the Wind, Rain or Water enter the premises		
Did the storm cause this opening? <input type="radio"/> No <input type="radio"/> Yes – Give details		
<b>Theft or Burglary</b> – Please attach original purchase invoices. If you provides as much as proof of owing the items it will help us to process your claim quickly		
How the premises were entered and where was the point of entry?		
Which part of the premises was entering?		



Have the police recovered any property? <span style="float: right;">O No   O Yes – Give details</span>

**Security details**

**Security details**

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

Keyed window locks on all accessible windows	<input type="checkbox"/>	Grilled on all accessible windows and doors	<input type="checkbox"/>	Fixed safe	<input type="checkbox"/>
Double keyed deadlocks on all perimeter doors	<input type="checkbox"/>	Perimeter Alarm	<input type="checkbox"/>	Free standing safe	<input type="checkbox"/>
Back to base ( Please attach activity report )	<input type="checkbox"/>	Internal Alarm	<input type="checkbox"/>	None	<input type="checkbox"/>

Did the device activate as a result of theft? O No   O Yes

ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE

**Police details**

Have the police been notified? O No O Yes – by whom?

Name		Telephone	
Police station		Date notified	

Please attach a copy of police report.

If the damage is the result of fire did the brigade attend? O Yes O No

**PART C. COMPULSORY FOR ALL CLAIMS**

Details of claim – Please attach quotations. If insufficient space please attach list and show total amount only below

**DAMAGE BUILDING**

Particulars	Name of repairer	Amount claimed
<b>TOTAL</b>		

**LOSS OR DAMAGE TO OTHER PROPERTY**

Description of Property	Where purchased	When purchased	Value at time of loss	Amount claimed



			TOTAL	

**E. DECLARATION**

I/ We declare that:

1. The information and answers given above are correct to the best of my/our knowledge and belief.
2. I/ We understand the claim may be refused or reduced if information is withheld
3. I/We authorize QBE to disclose information contained herein to QBE's advisor, reinsurers and to other insurers. I/We authorize QBE to obtain from any other party information that is, in QBE's view relevant to this claim

Name , Signature & Stamp of Insured		Date
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PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM