



Commercial Insurance Claim Form

Name of Insured:

Address:

Telephone:

Policy Number:

Date of Loss:

Location of Loss:

Please describe the circumstances of the loss as fully as possible:

Do you consider any other party responsible for the incident?

Yes

No

If **yes**, please give details below, including contact details:

Are you the sole owner of the lost or damaged property?

Yes

No

If **no**, please give full details of the owners or part owners of the property:

Do you hold any other insurance under which claim for this incident may be made?

Yes

No

If **yes**, please give full details:

Have the Police been informed of the incident?

Yes

No

If **yes**, please give details:

Police Station reported to:

Report No:

(Please attach Police complaint acknowledgement form for all cases of theft or loss.)

If **no**, please give reason:

Have you taken any other steps to recover the property?

Yes

No

If **yes**, please give details:

Have you made a claim against Lloyd's or any other insurance company in the last 5 years?

Yes

No

If **yes**, please give details of each loss and the amount claimed:

In the table below, please list all items that have been lost or damaged, including your stock number where appropriate, and the amount claimed.

Please attach copies of receipts, entries from your stock books and records or other documents to establish evidence of ownership and the value of each item.

Please attach photographs of the items if available.

Description of Item	Stock Number	Amount Claimed
		\$
		\$
		\$
		\$
		\$
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		\$
		\$

Declaration

Please read carefully before signing

I/we declare that all the particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld, that no other person(s) have an interest of any kind in the said property and that all conditions and stipulations of the policy have been complied with.

I/we hereby claim from the underwriters in respect of the loss, damage or accident described above and declare that the amount claimed is based on a true value at the time of the loss.

I/we understand that the underwriters or their representatives may make further investigations in respect of this claim and that I/we may be required to submit further information and/or documentation in the furtherance of our claim.

Signed:

Dated:

By:

Position:

Instructions for the Insured

Please return your completed claim form and any supporting documentation to **your broker**.

Please note: Quantum Underwriting Agencies is not the insurer under your policy. The insurer(s) are those underwriters shown under "Security" in your schedule. In accepting this claim form, Quantum Underwriting Agencies is acting as an agent of the insurer(s) and not as your agent.

Instructions for the broker

Please forward the client's completed claim form and any supporting documentation to:
claims@qua.net.au

Quantum Underwriting Agencies
PO Box 7163
Eaton
WA 6232

Tel: 1300 974 095

Email: **claims@qua.net.au**