



# Hail Damage Claim

The issue of this form does not constitute an admission of liability on the part of the insurer.

Policy Number

Claim Number

Please complete all sections.

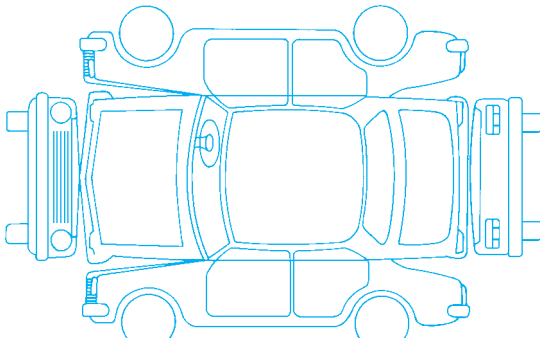
## THE INSURED

Full Name (Block Letters)	Surname	Given Name(s)	
Postal Address	State		Postcode
Are you registered for GST?	No <input type="checkbox"/> Yes <input type="checkbox"/>	What is your ABN?	<input type="text"/>
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?		
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed	<input type="text"/>	% <input type="text"/>
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?		
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed	<input type="text"/>	% <input type="text"/>
Contact Numbers	Business ( )	Private ( )	
	Facsimile ( )	Mobile	

## INSURED VEHICLE DETAILS

Make of Vehicle	<input type="text"/>	Year	<input type="text"/>	Registered No.	<input type="text"/>
Model	<input type="text"/>	Colour		<input type="text"/>	
Registered Owner	<input type="text"/>				
Address	<input type="text"/>				
	State		Postcode		
Do you owe money on your vehicle?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details				
Name of Lender	<input type="text"/>	Account No.	<input type="text"/>		
Address	<input type="text"/>				
	State		Postcode		

## THE DAMAGE

How did the damage occur?	<input type="text"/>							
When did the damage occur?	Date	<input type="text"/>	/	<input type="text"/>	/	Time	<input type="text"/>	am/pm
<b>SKETCH DIAGRAM</b> Shade in damage to insured vehicle.								

## PRIVACY

The QBE Privacy Promise Brochure explains what sort of personal information we collect and hold about you and what we do with that information. Please contact your Financial Services Provider to obtain a copy of the QBE Privacy Promise Brochure. A copy of the brochure may also be obtained from any QBE Commercial office or from our website at [www.qbecommercial.com](http://www.qbecommercial.com)

## DECLARATION

The information and answers given above are true and complete in every detail.

I understand the claim may be refused or reduced if information is withheld.

I authorise that QBE Insurance (Australia) Limited give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Insured's Signature

X

Date

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