

The Specialists in Strata and Community Title Insurance

Claim form

CHU Underwriting Agencies Pty Ltd (AFS Licence No: 243261) is an underwriting agency acting on behalf of the insurer: QBE Insurance (Australia) Limited ABN 78 003 191 035 (AFS Licence No: 239545)

To ensure prompt attention to your claim, please supply information as requested below. When completed, please return this form to the CHU office in your State together with any supporting documentation relevant to the claim, ie: quotations/invoices etc.

The insured	
Name	Policy No
Address	Postcode
Phone W	Н
Particulars of loss	
What happened? (Brief explanation)	
Date of Loss	
Was the property owned by you? Yes \square No \square If not, by where \square	hom?
Was the loss reported to Police? Yes \square No \square (The Police \mathbf{m}	ust be notified when property is lost, stolen or maliciously damaged)
Police Station Officer's Name	Date Reported
Is there any other insurance on the property? If so, please pro-	vide details of the Insurer(s) and the policy number(s)
Third party	
If your property was stolen or damaged, do you know who is	responsible? Yes 🗌 No 🗌
If yes, please provide details	
Plumbing repairs	
If your plumber has not already done so, please ensure the fol	lowing information is provided on the account/invoice.
 i Nature and cause of leak ii Composition of pipe (ie: Gal, Copper, PVC, etc) iii Procedures undertaken 	
 iv Details of charges including hourly rate, number of person the necessity for additional person), and details of costs as a Search and find b Plumbing repair 	s on the job (if more than one person in attendance, please explain sociated with

New South Wales

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Western Australia

1050 Hay Street West Perth 6005 PO Box 686, West Perth 6872 Phone: 08 9322 1722 Fax: 08 9481 6017 info_wa@chu.com.au South Australia

12 Tucker Street Adelaide 5000 Phone: 08 8232 2922 Fax: 08 8232 2924 info_sa@chu.com.au

Electrical damage (fusion) Nature and cause of damage (Brief explanation) What does the motor operate? Horse power/kilowatt rating Date of purchase Age of appliance/motor Is it under manufacturer's warranty? List of articles lost or stolen or damaged Please complete this section of the claim form to describe lost, stolen or damaged article and state the amount which is being claimed under the Policy. Description of property or article Date of Original Replacement Amount lost/stolen, damaged, or destroyed purchase purchase price purchase price being claimed If there is not enough space on this form, please attach a separate sheet and include the above information for each article. General ☐ Yes ☐ No 1 Is the insured registered for GST? 2 To what extent is the insured entitled to claim input tax credits? 3 Please write the Australian Business Number (ABN) here **Declaration** I hereby declare the answers to all the questions on this claim form and the description of the property lost or damaged are true and correct and that I have not concealed anything of which the Underwriter should be aware.

Dated

Signed