



Underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 038 – 82 Pitt Street, Sydney

## Musical Instrument / Equipment Claim

Marsh Reference No	Claim No
--------------------	----------

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

### THE INSURED

Name				
Are you registered for GST?	No [ ] Yes [ ]	What is your ABN?		
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to	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 %			
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 %			
Occupation				
Address				State:
				Postcod
Contact Numbers:	Business	( )	Private	( )
	Mobile		Facsimile	( )

### THE PROPERTY

Are you the owner of the property being claimed for? Yes  No  Give details

--

### INCIDENT DETAILS

Date of incident	_____ / _____ / _____	Between the hours of AM/PM AM/PM
------------------	-----------------------	----------------------------------

Location of Incident	
----------------------	--

How did the Incident occur (attach further pages if necessary)


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

Name		Address	
		State	Postcode

**THEFT – Please attach original purchase docket, invoices or receipts. If you provide as much proof about owning the items it will help us to process your claim quickly.**

### POLICE DETAILS

Have the police been notified? No  Yes  by whom

Name	Phone	
Police Station	Date Notified	____ / ____ / ____
Crime Report No.	Police Station Phone:	

Have the police recovered any property? Yes  No  Give details  
Please attach a copy of police report if available

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

**DETAILS OF CLAIM – Please attach quotation.**  
If insufficient space please attach list and show total amounts only below

Description of Property	Where Purchased	When Purchased	Sum Insured	Replacement Value (attach quotes)
		____ / ____ / ____	\$	
		____ / ____ / ____	\$	\$
		____ / ____ / ____	\$	\$
		____ / ____ / ____	\$	\$
			<b>TOTAL</b>	

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

**PRIVACY ACT**

We may also disclose your personal information (including health and other sensitive information) to insurance intermediaries for purposes which may include arranging insurance, arranging reinsurance, claims management, and risk management. In turn, those intermediaries may disclose this information as necessary to other organisations – both in Australia and overseas – such as their related companies, insurers, reinsurers, and other insurance intermediaries. They may also disclose this information as needed to employers, health workers, investigators, lawyers, loss adjusters, and to government departments if they are required by law to do so.  
I confirm that this or a similar notice complying with the Privacy Act has been given to the parties from whom personal, sensitive or health information is being obtained.

.....  
(signed by the client's representative filling in the incident report form)

**DETAILS OF PREVIOUS LOSS OR DAMAGE**

Have you ever suffered previous loss, damage or theft at this address or elsewhere in the last 5 years? Yes  No  Give Details

Type		Date	____ / ____ / ____	Amount	\$
Type		Date	____ / ____ / ____	Amount	\$
Type		Date	____ / ____ / ____	Amount	\$

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

Insurer		Date	____ / ____ / ____	Amount	\$
Insurer		Date	____ / ____ / ____	Amount	\$

**DECLARATION AND AUTHORISATION**

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 QBE Mercantile Mutual 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.

Signature of Insured(s)		Date	____ / ____ / ____
-------------------------	--	------	--------------------

**PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.**