ebm RentCover INSURED EVENTS (NON-TENANT) CLAIM FORM

Please email the completed claim form and documents to **claims@rentcover.com.au** or send via post: **EBM RentCover Claims Department, 8 Redfern Road, Hawthorn East, VIC 3123**. We are here to help so if you have any questions about your claim or policy, please contact **1800 661 662**.

Have you got the right claim form?

If you have suffered a loss not caused by a tenant, then you have the correct claim form. This may include damage/theft to your property as well as the associated loss of rent due to damage caused by fire, storm and flood. If your claim is tenant-related (such as accidental and malicious damage by the tenant), the correct form can be found on our website.

Our commitment to you

The EBM RentCover team acts in the best interest of clients by:

- > Ensuring confirmation of a claim within 24 hours of submission.
- > Working to settle the majority of claims within five working days, pending necessary paperwork is submitted.
- > Having a clear and prompt complaints process should you be unhappy with the claims settlement.

Privacy statement

We are committed to protecting your privacy. We use the information you provide to handle your insurance claim. When handling claims we act as agent of the insurer, QBE Insurance Australia Limited (QBE).

We may collect your information from others, such as:

- > your property manager if they lodge a claim on your behalf;
- > the real estate agency if you give us their details in the claim form. We may do this in order to obtain any information you do not provide us (such as the tenancy agreement, rental ledger, or any other document that relates to the claim or tenancy);
- > the tenant or landlord in relation to a claim lodged by you. We may do this to ask for further information about the claim;
- > an assessor, if they are appointed to assess your claim. The assessor may interview parties, such as the tenant, to obtain information needed for the claim; and
- > a repairer, if they are sent to your address, to obtain information relevant to the claim.

We may provide your personal information to QBE or the companies that deal with your insurance claim on behalf of the insurer (such as investigators, loss assessors, claims administrators, repairers, suppliers, reinsurers, lawyers and recovery agents). We may also provide your personal information (such as your name) to a tenant, landlord or property manager when we contact them about a claim involving you.

In the event that a claim is escalated to QBE's internal dispute resolution process, we may disclose your claim information to QBE's Global Shared Services Centre, which is located in the Philippines.

If you do not provide us with full information, we cannot assist with claims and you can breach your duty of disclosure.

For more information about how to access the personal information we hold about you, how to have the information corrected or lodge a complaint, ask us for a copy of our Privacy Policy or visit our website **RentCover.com.au**.

IMPORTANT - All sections must be completed to avoid delay.

SECTION ONE - policy, contact and payment details

Policy details

Insured property address:		
Landlord's name:		
Is the property owned by business or company? \bigcirc Yes \bigcirc No If No, go	to 'contact details'	
Business/company name: ABN:		
Is the landlord registered for good and services tax?		
Entitled/intend to claim an input tax credit on the GST component of the premium applicable to policy:		
Will you be claiming an amount less than 100%? \bigcirc Yes \bigcirc No $\:$ If yes specify amount claimed: %		
Entitled to claim an input tax credit for repairs or replacement of the item that has been lost of	f damaged:	
Will you be claiming an amount less than 100%? \bigcirc Yes \bigcirc No $~$ If yes specify amount claim	ned: %	
Contact details		
Person submitting claim: O Agent O Landlord		
Name of person submitting claim:		
Email address:		

Facsimile:

Telephone:

Managing agent name (if applicable):

Payment details

The easiest way to receive payment is through electronic transfer. Please provide bank account details below:

Αссοι	unt Name:	
BSB:	ACC:	
Bank:		
Posta	l address for remittance:	
We ca	an also pay via cheque	
Payee	e name:	
Posta	l address:	
Please	e also advise the address where all claims corresponden	ce should be sent:
		claim payment is different to the mailing address for your renewal invoices, we will not dress for any future renewals you will need to provide instructions for us to do this.
To	help us assess your claim, please attach the fo	llowing
0	Two quotes(originals) for damage, if exceeding \$1,500	\bigcirc Photos of damage
	(these must include a full break-up of costs)	\bigcirc Causation report
	Original tax invoices for damage repairs (if work already carried out i.e. emergency repairs)	 All property inspection reports
If y	ou have suffered loss of rent due to damage, p	lease also include

 \bigcirc Copy of tenancy agreement

○ Tenant rental ledger

If any items are missing, provide reasons and state when you believe they will be available:

Please note EBM RentCover does not authorise repairs. However, make sure you take reasonable steps to prevent further loss or damage.

SECTION TWO -	- damages	and/or	theft

Date of event: at		at	\bigcirc am / \bigcirc pm		
Please indicate if you are claiming damage to your: \bigcirc Building \bigcirc Contents \bigcirc Both					
Ple	ease indicate which insured e	event has caused t	he loss/damage:		
0	Fire or explosion	\bigcirc	Theft by intruder		
0	Storm, rainwater or flood	0	Riot or civil commotion		
0	Cyclone	0	Malicious/deliberate acts by tenant		
0	Lightning or thunderbolt	0	Riot or civil commotion		
0	Impact	0	Breakage of glass		
0	Fusion of an electric motor	0	Power surge to domestic appliances		
\bigcirc	Earthquake or tsunami	0	Bursting, leaking, discharging or overflo	owing of fixed apparatus	
0	Malicious acts by intruder	0	Other		
Note	Please refer to your Product Disclosure State	ement for full terms, conditi	ons and exclusions relating to your cover.		
lf 'ot	her' please list:				
lf cla	iming 'impact by vehicle' please pro	ovido namo and addr	ass of porton(s) responsible:		
	inning impact by venicle please pro				
State	ement of what happened (if insuffici	ient space, please atta	ich details):		
lf cla	iming 'malicious damage or 'theft',	describe method of e	entry:		
Date damage reported to police: Police report number:					
Repair costs (please detail)					
				\$	
				\$	
\$			\$		
\$		\$			
\$			\$		
				\$	

SECTION THREE – loss of rent (resulting from an insured event)

Tenancy details

Names on tenancy agreement:			
Dates on tenancy agreement:		Weekly rent: \$	
Loss of rent details			
Date rent paid to:	Date tenant vacated property:		
Claimed rent loss: \$	Period claimed:	То	

BEFORE SIGNING BELOW

To ensure we can process your claim in an effective and efficient manner, please complete all relevant sections. Missing information may lead to delays.

Declaration

I/we do hereby declare that to the best of my/our knowledge the foregoing answers are true and correct and I/we have in no manner caused the said loss or by any fraud or wilful misrepresentation sought unjustly to benefit by the said event and that the information detailed in the claim form above is a true and faithful account of the actual loss sustained excluding any profit or advantage.

No information likely to affect this claim has been withheld.

And I/we hereby undertake and agree to notify EBM RentCover immediately if any of the property mentioned in this claim is subsequently recovered, and at the option of EBM RentCover to return the property or to refund the amount of money received by way of compensation in respect thereof.

I am aware that any collection of personal information is used in accordance with EBM RentCover's Privacy Policy.

Signature:	Date:
Signed by (print clearly):	

Claims dispute resolution process

- Step 1 If for some reason you are unhappy with your experience with us, we want to hear from you. Get in touch by emailing complaints@rentcover.com.au, visiting RentCover.com.au/Complaints or calling 1800 661 662. Help us build on our commitment to delivering excellent customer service.
- Step 2 If the complaint is not resolved to your satisfaction within five business days, we will refer your compliant to the QBE Internal Disputes Resolution (IDR) team. QBE's Customer Relations team can be contacted at complaints@qbe.com or 1300 650 503.
- Step 3 Lastly, if you disagree with the IDR decision, you may refer your complaint to the Australian Financial Complaints Authority (AFCA). AFCA offers a free and independent dispute resolution service. You can contact AFCA at: 1800 931 678 or info@afca.org.au.

In dealing with or settling this claim we will be acting under an authority given to us by the insurer QBE Insurance (Australia) Limited and therefore we will be dealing with or settling this matter as an agent of QBE and not as your agent.

