



EBM
INSURANCE BROKERS

RentCoverShortTerm

Short Term Rental Claim Form

When to use this claim form

This claim form should only be used if you have suffered a loss to a property that is utilised for short term lettings such as Holiday Letting or Corporate Leasing, and you are currently insured with *RentCoverShortTerm*.

Our Commitment to You

We are totally committed to providing a fair and prompt claim settlement service to you. As soon as we have the completed information before us, we will issue a Claims Advice to you within a matter of days and then arrange for the dispatch of the Insurer's claim cheque **within 5 working days in most cases**.

Should you have a complaint about our service or claim settlement procedures, please notify us so that we can immediately address your concerns. In the first instance your complaint should be faxed to Sharon Fox-Slater (Claims Manager) on 1300 794 773 or emailed to sharonfs@ebminsurance.com.au

Thank you for taking the time to complete this form in detail. Please mail the original claim form and attachments to:

EBM Insurance Brokers
Claims Department
4/651 Victoria Street
ABBOTSFORD VIC 3067

**If you have any queries please contact our national claims centre on
1800 661 662 or claims@rentcover.com.au**

IMPORTANT

All sections must be completed to avoid delay.

Section 1 - Policy and Contact Details

Policy Details

Insured Property Address:

Landlord's Name:.....

Is the property owned by business or company? Yes No **If No go to Contact Details**

Business/Company Name: ABN:

Is the landlord registered for GST? Yes No

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% Yes No If yes specify amount claimed _____ %

Entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged:

Will you be claiming an amount less than 100% Yes No If yes specify amount claimed _____ %

Contact Details

Person submitting claim: Agent Landlord

Name of person submitting claim:

E-mail address:

Telephone: Facsimile:.....

Managing Agent Name (if applicable):

Please advise the payee name to be shown on the cheque payment:.....

Please advise the address where correspondence and the claim payment cheque should be sent:

What MUST be attached - Please Tick to Confirm Attachment

- Proof of Security Bond (i.e. receipt, credit card authority)
- Copy of Ingoing and Outgoing Condition/Inventory Report
- Two Original Quotes for loss or damage if exceeding \$500 (these must include a full break-up of costs)
- Original Tax Invoices for damage repairs (if work already carried out i.e. emergency repairs)
- Photos of Damage
- Proof of Ownership with contents claims (i.e. manuals, receipts, valuations, photos etc)
- Copy of Police Report or Event Number (i.e. malicious damage, theft)

Rent loss claims should ALSO include

- Copy of Short Term Agreement
- Proof of Rent (i.e. copy of booking, rental receipt)

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

.....
.....

IMPORTANT NOTE REGARDING DAMAGE

We **DO NOT** authorise repairs. It is up to the insured to take all necessary steps to minimise a claim.

SECTION 2 - Damages and/or Theft

Date of Event: at am/pm

Please indicate if you are claiming damage to your: Building Contents Both

Please indicate which Insured Event has caused the loss/damage:

- Fire or explosion
- Storm or rainwater
- Cyclone
- Lightning or Thunderbolt
- Impact
- Fusion of an Electric Motor
- Earthquake
- Malicious acts by intruder
- Theft
- Accidental damage by tenant
- Malicious/Deliberate acts by tenant
- Riot or civil commotion
- Breakage of glass
- Power Surge to domestic appliances
- Bursting, Leaking, Discharging or overflowing of fixed apparatus
- Other

Note: Please refer to your Product Disclosure Statement for full terms/conditions and exclusions relating to your cover.

If 'Other' please list:

If claiming 'Impact by Vehicle' please provide name and address of person(s) responsible:

Statement of what happened (if insufficient space, please attach details):.....

If claiming 'Malicious Damage' or 'Theft', describe method of entry

Date Damage Reported to Police: Police Report Number:

Repair Costs (please detail)..... \$.....
 \$.....
 \$.....
 \$.....
 \$.....
 \$.....
 \$.....
 \$.....

SECTION 3 - Rent Loss

Tenancy Details

Names of Tenant/s:
 Weekly Rent: \$..... Period of Stay: To

Rent Loss Details

Date Tenant Vacated Property:
 Claimed Rent Loss: \$..... Period Claimed: To

BEFORE SIGNING BELOW
Have you completed ALL SECTIONS of the claim form?
We are unable to process claims where the claim form is incomplete

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 immediately if any of the property mentioned in this claim is subsequently recovered, and at the option of EBM to return the property or to refund the amount of money received by way of compensation in respect thereof.

SIGNATURE:..... Date:.....

SIGNED BY (print clearly):



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