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.
- Aiming to settle most claims within five working days, assuming we have all the information we need from you.
- 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, either Zurich Australian Insurance Limited (Zurich) or 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;
- he 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 Zurich or 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: If No, go to 'contact details' Is the property owned by business or company? \bigcirc Yes \bigcirc No Business/company name: ABN: Is the landlord registered for good and services tax? ○ Yes O No Entitled to claim an input tax credit on the GST component of the premium applicable to policy: Are you entitled to claim an amount less than 100%? ○ Yes ○ No If yes, specify proportion: % Entitled to claim an input tax credit for repairs or replacement of the item that has been lost of damaged: Are you entitled to claim an amount less than 100%? \bigcirc Yes \bigcirc No If yes, specify proportion: % Contact details Person submitting claim: O Agent O Landlord Name of person submitting claim: Email address: Telephone: Facsimile: Managing agent name (if applicable): Payment details The easiest way to receive payment is through electronic transfer. Please provide bank account details below: Account Name: BSB: ACC: Bank: Postal address for remittance: We can also pay via cheque Payee name: Postal address: Please also advise the address where all claims correspondence should be sent: Note: If the address noted on the claim form for claims correspondence and claim payment is different to the mailing address for your renewal invoices, we will not automatically update this address. If you would like to change your mailing address for any future renewals you will need to provide instructions for us to do this. To help us assess your claim, please attach the following... Two quotes (originals) for damage, if exceeding \$1,500 Photos of damage (these must include a full break-up of costs) Causation report Original tax invoices for damage repairs (if work already All property inspection reports carried out i.e. emergency repairs) If you have suffered loss of rent due to damage, please also include... O Copy of tenancy agreement Tenant rental ledger If any items are missing, provide reasons and state when you believe they will be available:

Form continues on the next page

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		\bigcirc am $/\bigcirc$ pm			
Please indicate if you are claiming damage to your:		your: O Buil	ding ○ Contents ○ Both			
Ple	ase indicate which insured event h	nas caused th	ne loss/damage:			
\circ	Fire or explosion	\circ	Theft by intruder			
\circ	Storm, rainwater or flood	\circ	Riot or civil commotion			
\circ	Cyclone	\circ	Malicious/deliberate acts by tenant			
\circ	Lightning or thunderbolt	\circ	Riot or civil commotion			
\circ	Impact	0	Breakage of glass			
\circ	Fusion of an electric motor	\circ	Power surge to domestic appliances			
\circ	Earthquake or tsunami	\circ	Bursting, leaking, discharging or overflowing of fixed apparatus			
\circ	Malicious acts by intruder	\circ	Other			
Note: Please refer to your Product Disclosure Statement for full terms, conditions and exclusions relating to your cover.						
It 'ot	her' please list:					
If cla	iming 'impact by vehicle' please provide n	ame and addre	ess of person(s) responsible:			
Statement of what happened (if insufficient space, please attach details):						
If cla	iming 'malicious damage' or 'theft', descri	be method of e	entry:			
Date damage reported to police: Police report number:						
Date damage reported to police.						
Re	pair 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 complaint to the appropriate Internal Disputes Resolution (IDR) team:
 - DBE complaints@qbe.com or 1300 650 503.
 - > Zurich gi.feedback@zurich.com.au or 132 687 (Australia-wide) or +61 2 995 1111 (overseas).

To find out which IDR team your complaint has been escalated to, contact EBM RentCover.

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, either Zurich or QBE, and therefore we will be dealing with or settling this matter as an agent of Zurich or QBE and not as your agent.

