



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 are insured under RentCover ShortTerm and have suffered a loss to a property that is used for short-term accommodation (such as holiday homes, Airbnb accommodation or serviced apartments), then you have the correct claim form. If your claim is for a long-term rental property, the correct claim 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 don't provide us with full information, we can't 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**.

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? 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:

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...

- Proof of prior condition of the property
- Inventory report
- Two original quotes for loss or damage if exceeding \$1,500 (these must include a full break-up of costs)
- Original tax invoices for damage repairs (if work already carried out e.g. emergency repairs)
- Photos of damage
- Proof of ownership with contents claims (e.g. manuals, receipts, valuations, photos, etc.)
- Causation report

If you have suffered loss of rent due to damage, please also include...

- Copy of short-term agreement
- Proof of rent (e.g. copy of booking, rental receipt)

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 _____ am / pm

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

Please indicate which insured event has caused the loss/damage:

- | | |
|---|--|
| <input type="radio"/> Fire or explosion | <input type="radio"/> Theft |
| <input type="radio"/> Storm, rainwater or flood | <input type="radio"/> Accidental damage |
| <input type="radio"/> Cyclone | <input type="radio"/> Malicious/deliberate acts by tenant |
| <input type="radio"/> Lightning or thunderbolt | <input type="radio"/> Riot or civil commotion |
| <input type="radio"/> Impact | <input type="radio"/> Breakage of glass |
| <input type="radio"/> Fusion of an electric motor | <input type="radio"/> Power surge to domestic appliances |
| <input type="radio"/> Earthquake | <input type="radio"/> Bursting, leaking, discharging or overflowing of fixed apparatus |
| <input type="radio"/> Malicious acts by intruder | <input type="radio"/> 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):

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

Form continues on the next page

SECTION THREE – loss of rent

Tenancy details

Names of tenant/s: _____

Weekly rent: \$ _____ Period of stay: _____ to: _____

Loss of rent details

Date tenant vacated property: _____

Claimed rent loss: \$ _____ Period claimed: _____ to: _____

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 Should you disagree with the claim settlement, you may refer your dispute to the National Manager at EBM RentCover. Please send any complaints to claims@rentcover.com.au

Step 2 Should you disagree with our initial review, you may refer your dispute to the QBE Internal Disputes Resolution (IDR) team. You can do this by contacting QBE Customer Relations: complaints@qbe.com or 1300 650 503.

Step 3 Should you disagree with the QBE IDR decision, you may refer your dispute to the Australian Financial Complaints Authority (AFCA). You can do this by contacting AFCA:

O www.afca.org.au **E** info@afca.org.au **P** 1800 931 678

M Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001

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.